**Ethics Validation Checklist for use on receipt of new application.**

Please upload this checklist with the application to the relevant Moodle forum*.*

|  |  |
| --- | --- |
| **Name of PI:** |  |
| **Project title:** |  |
| **Current Date:** |  |

Please liaise with chair if the answer to any of the following questions are “no”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Item** | **Yes** | **No** | **N/A** |
| 1. | Has the application been emailed to the generic committee email address? |  |  |  |
| 2. | If the application has been submitted by a student, has confirmation been **explicitly** received from the supervisor (an email would suffice)? |  |  |  |
| 3. | Has the application been submitted using a template no more than a year old? |  |  |  |
| 4. | Have sections 1 to 10 been **fully completed** and section 16 signed (an electronic signature is acceptable)?  It is fine for other sections of the form to have N/A written. |  |  |  |
| 5. | Is the start date of the study at least three weeks (15 working days) in advance of the submission/current date? |  |  |  |
| 6. | Is the PI or supervisor a member of the faculty ethics committee?  If yes please exclude from moodle review forum. |  |  |  |
| 7. | Have the following key review documents been submitted?  These may not be relevant for all projects, but please check with the researcher that they intended **not** to submit these. |  |  |  |
|  | **Participant Information Sheet(s)** |  |  |  |
|  | Consent Form(s) |  |  |  |
|  | Peer / Independent Review |  |  |  |
|  | Recruitment Advertisement(s) |  |  |  |
|  | Questionnaires, interview questions and/or focus group questions |  |  |  |
| 8. | Has the application and all supporting documents been submitted as a single pdf file? You may be able to help the applicant if they are having problems, but this needs to be done prior to the application being posted on Moodle. |  |  |  |
| 9. | Has the committee chair confirmed this application is suitable for review?  Optional, depending on chairs preference. |  |  |  |

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| **Assigned reference number:** |  |
| Date: |  |
| Name (of FEC administrator): |  |