

**Biomedical and Scientific Research Ethics Committee (BSREC):**

**Supervisors’ Declaration of Delegated Ethical Approval**

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| **SECTION 1. APPLICANT DETAILS** |
| **1.1 RESEARCHER** |
| **Researcher’s Title:**      **Researcher’s Forename:**      **Researcher’s Surname:**      **Researcher’s Faculty/School and Department:**      **Researcher’s Status:****Undergraduate Student** [ ] **Taught Postgraduate Student** [ ] **Name of course/qualification:**       |
| **1.2 RESEARCHER’S CONTACT DETAILS** |
| **Warwick e-mail address:** **Daytime telephone number:** **Postal address:**  |                 |
| **1.3 SUPERVISOR – MUST BE COMPLETED FOR ALL STUDENT PROJECTS** |
| **Supervisor’s Title:**      **Supervisor’s Forename:**      **Supervisor’s Surname:**      **Supervisor’s Post:**      **Supervisor’s Faculty/School and Department:**      **Supervisor’s Warwick e-mail address:**      **Supervisor’s daytime telephone number:**       |

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| **SECTION 2. PROJECT DETAILS** |
| **2.1 Project Title:** |       |
| **2.2 Estimated Start Date of Project:** |       |
| **2.3 Estimated Completion Date of Project:** |       |
| **2.4 PARTICIPANTS** |
| **State the total number of planned participants:**      **BREAKDOWN OF PARTICIPANTS****Where applicable, state the breakdown of participants by type and number of each type of participant, e.g. governors, parents, teachers, etc.:****Type of Participant: Number:**                                                                                                               |
| **2.5 RECRUITMENT STRATEGY** |
| **Please explain, in brief, how you will recruit participants to the research study, and how you will address any ethical issues which arise:**  |

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| **SECTION 3. SIGNATURES AND DECLARATIONS** |
| **3.1 RESEARCHER/APPLICANT** |
| ***I undertake to abide by the University of Warwick’s Research Code of Practice in undertaking this study.******I understand that the BSREC review system grants ethical approval for projects, and that the seeking and obtaining of all other necessary approvals and permissions prior to starting the project is my responsibility.*** **Name of Researcher:**      **Signature: ……………………………………………………………………****Date:**      NB: The researcher/supervisor must post a wet ink signature copy of this form to: BSREC Administrator, A010, Medical School Building, Warwick Medical School, University of Warwick, Coventry, CV4 7AL. Copies should be kept by the student and the supervisor, and distributed within the relevant Department according to local procedure. |
| **3.2 SUPERVISOR AUTHORISATION FOR STUDENT PROJECTS** |
| ***I confirm that I have read this application and will be acting as the student researcher’s supervisor for this project.******I confirm that the project meets the BSREC Criteria for Supervisors’ Delegated Ethical Approval, in that the project will be undertaken by an undergraduate, or taught postgraduate, student, and will be:******Limited to interviews, focus groups, and questionnaire completion, or the evaluation of software and e-Learning materials, with participants who are not vulnerable and not dependent (e.g. not receiving health or social care, primary or secondary education, or criminal justice services), where the research does not investigate sensitive or intrusive matters (e.g. health status, criminal activity, or sexual history).******I confirm that the proposal is viable and the student has the appropriate skills to undertake the research. Participant recruitment procedures, including the Information Leaflet(s) to be provided and the process for obtaining informed consent, are appropriate, and the ethical issues arising from the project have been addressed in the protocol.******I understand that the BSREC review system grants ethical approval for projects, and that the seeking and obtaining of all other necessary approvals and permissions prior to starting the project is the responsibility of the student and their supervisor.*** **Name of Supervisor:**      **Job Title of Supervisor:**      **Signature: ……………………………………………………………………****Date:**      NB: The researcher/supervisor must post a wet ink signature copy of this form to: BSREC Administrator, A010, Medical School Building, Warwick Medical School, University of Warwick, Coventry, CV4 7AL. Copies should be kept by the student and the supervisor, and distributed within the relevant Department according to local procedure.  |