

ST JOSEPH'S FOUNDATION ETHICS COMMITTEE

RESEARCH PROPOSAL FORM

This research proposal form is required for all research including lengthy individual case work, carried out with adults or children and their families who are receiving services from St. Joseph's Foundation.

This form is for use by staff employed by St. Joseph's Foundation and external researchers who may require access to this population.

SECTION 1

Name: _____

Address: _____

Occupation: _____

University/Institute: _____

Name of faculty/course: _____

Name of academic supervisor: _____

Title/qualifications: _____

**Name of supervisor in St. Joseph's foundation
(if applicable)** _____

Title/qualifications: _____

SECTION 2

Short title of proposed research for which approval is being sought.

(Hard copy of full proposal to be attached)

Insurance/Indemnity arrangements, if applicable (give details of university or insurance company here)

SECTION 3

What is your proposed starting date?

What is your proposed finishing date?

Will you require staff from St Joseph's to accompany you during data collection?

Yes No

If yes, how many hours/days will be required?

Will you require access to the central file?

Yes No

SECTION 4

Note: It is the policy of St .Joseph’s Foundation to inform families of adult service users regarding any research/new interventions that involves their family members.

(Please enclose copy of information sheet to families).

Please outline the procedures for recruitment of participants.

(Copies of consent forms, information sheets to be attached)

Please describe the procedures by which informed consent will be obtained (particularly in the case of non verbal service users).

Please describe the methods of data collection.

Please outline the procedures for debriefing of participants.

Please outline the procedure for onward referral should a problem be identified.

How will you ensure the right of the participant to withdraw from the study at any time (e.g. non verbal service users)

Please outline the procedures for ensuring confidentiality.

Who will have access to the data generated by the research?

Where will the data be stored?

In what format will the data be stored?

How long will the data be stored for?

What provision is made to present the findings to service users/ families/the foundation?

SECTION 5

Have these participants taken part in research in the past 2 years?

Yes No

How have you established this?

What are potential benefits of this particular study to the participants?

Is there any level of risk for research participants (e.g. physical risk, medical risk, psychological risk)

Yes No

If yes, please circle on a scale of 1-5 where 1 represents no risk and 5 represents a high level of risk

Level of risk

1 2 3 4 5

List of enclosures to accompany the above form

- Copy of full research proposal
- Copy of information sheet to participants
- Copy of consent form
- Copy of information sheet to families (where relevant)
- Garda clearance form or equivalent

Signature of Researcher:

Signature of Field Supervisor:

Signature of Academic Supervisor:

Date: _____