



**THE DONKEY
SANCTUARY**

ETHICAL AND HEALTH AND SAFETY CONSIDERATIONS FORM THIS FORM MUST ACCOMPANY YOUR MAIN PROPOSAL

Please attach additional sheets if necessary

Researcher details

Name/s	
Organisation/department (if internal)	
Email address	

Duration of fieldwork

Start date:	End date:
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Certification for all fieldwork

I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research. I confirm that if my research should change radically I will complete a further Ethical and Health and Safety Considerations form.

Name:

Click this box to confirm certification

Name:

Click this box to confirm certification

TITLE OF THE PROJECT

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SAFEGUARDING VULNERABLE PERSONS

Please outline your plan to safeguard vulnerable persons

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MENTAL CAPACITY ACT 2005

Please outline how you will manage the participation of adults protected under this Act, if applicable

SYNOPSIS OF THE RESEARCH PROJECT

Provide an overview of your research project

INTERNATIONAL RESEARCH

Do you require any international visas, research permits or local permissions to conduct your research?

RESEARCH METHODS

Please review the health and safety and ethical applications of your methods

PARTICIPANTS

Please provide as much detail as possible as to who your participants will be (age, sex, ethnicity, background, etc)



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THE VOLUNTARY NATURE OF PARTICIPATION

Please outline how you will gather consent from participants

SPECIAL ARRANGEMENTS

Please outline any special arrangements which need to be made to accommodate participants' needs

THE INFORMED NATURE OF PARTICIPATION

Please outline how you will inform participants of the research and their role within it, and how you will record consent

ASSESSMENT OF POSSIBLE HARM

Please provide a risk assessment for this project

DATA PROTECTION AND STORAGE

Please detail how you will protect and store participants' data



DECLARATION OF INTERESTS / CONFLICTS

USER ENGAGEMENT AND FEEDBACK

CONSENT

- Details of project**
- Contact details**
- Confidentiality**
- Anonymity**
- Consent**

..... (Signature of participant) (Printed name of participant)
..... (Date) (Email address of participant if they have requested to view a copy of the interview transcript)
..... (Signature of researcher) (Printed name of researcher)

One copy of this form will be kept by the participant; a second copy will be kept by the researcher(s). Your contact details are kept separately from your interview data.