The purpose of this form is to know the details of the research work that involves personal data. The form makes it possible to determine which security measures must be applied and to analyse ethical aspects linked to the research.

Complete this form electronically and email it from your institutional email account, along with the supporting documents required for evaluation. Before filling in the form, it is advisable to read the entire form to be clear about what will be requested and in which sections it will be requested.

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| Project or work | | | | | | |
| 1. Title |  | | | | | |
| 2. Principal investigator / director |  | | | | | |
| 3. Institutional email |  | | | | | |
| 3. Is it part of a wider project (e.g. consortium)? | YES | NO | If so, which one? |  | | |
| If so, how long does it last? | Start (dd/mm/yyyy):  End (dd/mm/yyyy): | | |
| 4. Is any external financing expected? | YES | NO | If so, whose? |  | | |
| If it is a grant, indicate the call |  | | |
| 5. Brief description of the project, especially the objectives and tasks related to the data  (maximum 200 words) |  | | | | | |
| 6. Brief description of the people / group from whom the data will be obtained  (maximum 200 words) |  | | | | | |
| 7. Indicate other people in the institution, including students, who will have access to the data at any time (for collection, use, processing, etc.) |  | | | | | |
| 8. Indicate other persons or external entities that will have access to the data at any time (for collection, use, treatment, etc.) |  | | | | | |
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| A. Risk level assessment | | | | | | |
| 1. Are the people from whom data is obtained particularly vulnerable, or unable to give consent, or are they in a situation of dependency? (e.g. minors, people with comprehension disabilities, at risk, etc.) | | | | | YES | NO |
| 1. Will people participate in the study without their consent or knowledge? (e.g. observational field studies) | | | | | YES | NO |
| 1. Will it be possible to identify the participants either directly or indirectly with their data or answers? | | | | | YES | NO |
| 1. May the project involve risks for their physical or psychological health, exposure to situations of physical or verbal violence, humiliation, stress or anxiety, or cause damage or negative consequences, either for the participants or for the team research? | | | | | YES | NO |
| 1. Will it be necessary to treat particularly sensitive data?   (e.g. ethnic or racial origin, political opinions, religious or philosophical convictions, trade union membership, genetic or biometric data, health data, data relating to life or sexual orientation, data on illegal activities, offences, sentences or gender violence) | | | | | YES | NO |
| 1. Will any medication or placebo or other food substances or vitamins be administered as part of the study or will any invasive or potentially harmful procedure be used? | | | | | YES | NO |
| 1. Will the study require working with substances and/or devices that may be considered dangerous or that may pose a risk, either for the participants or the research team? | | | | | YES | NO |
| 1. Will participants be offered financial incentives or compensation of any kind (in cash or in kind) that exceed the economic equivalent of the expenses they have had to bear for their participation? | | | | | YES | NO |

If you answered “NO” to all the questions in Table A then your project is low risk.

In this case only answer table B1 and then you can go to table C.

If you have answered “YES” to some of the questions in Table A then your project presents some aspect of high risk.

In this case answer tables B1 and B2 and then go to table C.

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| B1. Common section | | | |
| B1.1 Collection, use and processing of data | | | |
| 1. *Participants*.   Describe the number of people who will participate and the inclusion and exclusion criteria. |  | | |
| 1. *Recruitment*.   Describe how potential participants will be contacted. |  | | |
| 1. *Permissions.*   If the participants are members of an organization, describe the management of the necessary permissions. |  | | |
| 1. *Data collection.*   Describe the spaces, methods and tools used for data collection. |  | | |
| 1. *Users.*   Describe the people who will have access to the data. |  | | |
| 1. *Tools for the access, use or processing.*   Describe the devices or systems where the data will be accessed, used or processed, indicating whether they belong to the University, to the researchers or to external parties. |  | | |
| 1. *Duration.*   Indicate how long the personal information will be kept identifying the participants and describe what will be done with the data once the project is finished. |  | | |
| B1.2 Data confidentiality and security measures | | | |
| 1. Will the data be collected completely anonymously? | | YES | NO |
| 1. Will the data be identified with a unique code or pseudonym that allows the anonymization (pseudo-anonymization) of the person? | | YES | NO |
| If so and the unique codes or pseudonyms allow the identification of the person, will these unique codes or pseudonyms be stored securely and separately from the research data? | | YES | NO |
| 1. If the data make it possible to identify the person with minor difficulties, will this data be stored securely in such a way as to preserve confidentiality? | | YES | NO |
| If so, detail the measures you will take. |  | | |
| 1. Will the data be provided to third parties? | | YES | NO |
| If so, will the identifying information be disclosed to third parties? | | YES | NO |
| Complete this part if you need to clarify the answers in section B1.2. |  | | |
| B1.3 Consent form | | | |
| 1. Will the participants be given an information sheet and will they have enough time to read it and ask questions or doubts before they agree to participate? | | YES | NO |
| 1. Will the participants be asked to grant their consent explicitly? | | YES | NO |
| If so, will the explicit consent be registered? (e.g. by writing, recording, etc.) | | YES | NO |
| Otherwise, will the participants who fill in a questionnaire be informed that by giving the form implies their consent to participate? | | YES | NO |
| 1. Will participants be informed of the compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and specifically their rights to withdraw at any time and request their data be destroyed and/or removed from the project from a certain point in time? | | YES | NO |
| 1. Will the data be used for purposes other than those for which the participant has given consent? | | YES | NO |
| Complete this part if you need to clarify the answers in section B1.3. |  | | |
| Describe how the informed consent will be stored and who will have access to it and how. |  | | |
| B1.4 Other | | | |
| Complete this part for other considerations not covered above or to complete the answers. |  | | |

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| B2. Specific section for projects with risk |
| 1. If people from whom data is obtained are particularly vulnerable, or unable to give consent, or are in a dependent situation (e.g. example minors, people with comprehension disabilities, at risk, etc.), detail the group of participants, how they will be accessed, how information will be provided to them, how permission will be sought from their guardians or representatives and how their rights will be protected. |
| 1. If people will participate in the study without their consent or knowledge (for example in observational field studies), detail the group of participants, how they will be accessed, how third-party permissions will be sought where applicable, and how their rights will be protected. |
| 1. If it will be possible to identify the participants directly or indirectly with their data or answers, make an assessment whether the objectives can be achieved using techniques of pseudonymization or encryption of personal data and to do so as soon as possible in order to reduce risks. |
| 1. If the project may involve risks for their physical or psychological health, exposure to situations of physical or verbal violence, humiliation, stress or anxiety, or cause damage or negative consequences, either for the participants or for the team research, describe how the participants or researchers will be informed, and how these situations will be handled. |
| 1. If it will be required to process particularly sensitive data (e.g. ethnic or racial origin, political opinions, religious or philosophical convictions, trade union membership, genetic or biometric data, health data, data relating to life or sexual orientation, data on illegal activities, offences, sentences or gender violence), describe the need and the appropriate high security means to guarantee your confidentiality. |
| 1. If any drugs or placebos or other food substances or vitamins will be administered as part of the study or any invasive or potentially harmful procedures will be used, describe what they will be, how participants will be informed, and where applicable, compliance with the requirements for their use. |
| 1. If the study requires working with substances and/or devices that may be considered dangerous or that may pose a risk, either to the participants or to the research team, describe, where applicable, the compliance with the requirements for their use and how the associated risk will be managed. |
| 1. If participants will be offered financial incentives or compensation of any kind (in cash or in kind) that exceed the economic equivalent of the expenses they have had to bear for their participation, describe their need and how they will be managed and the effects that these incentives or compensations can bring. |

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| C. Documents | |
| 1. If you have indicated in section B1.1.3 that the participants are members of an organization and have their permission, check if they are attached to this application and indicate the name(s) of the file(s): |  |
| 1. If you have the information sheet and informed consent that will be provided to the participants, check if you attach them to this application and indicate below the name(s) of the file(s): |  |
| 1. If you have other suitable documents to complement the assessment of the proposal, check if you attach them to this application and indicate below the name(s) of the file(s): |  |

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| D. Statement |
| I, [First name and last name], declare that the above responses accurately describe the project or research work as it is conceived on today's date indicated below, and I agree to submit a new response if there is a change of the contents that I am now presenting.  Date: |