**APPEAL AGAINST AN ETHICS APPLICATION DECISION MADE BY AN INTERNAL UNIVERSITY OF ABERDEEN ETHICS COMMITTEE (WORKTRIBE ETHICS APPLICATION PROCESS)**

**1. Applicant Details**

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| --- | --- |
| Applicant Name |  |
| School |  |
| University email address |  |
| Title of Ethics Application  |  |
| Project Start Date |  |
| Project End Date |  |
| Funder (where relevant) |  |

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| --- |
| **For Students Only** |
| Name and email address of Supervisor |  |
| Degree registration (e.g. MRes, MSc, PhD etc) |  |

**2. Grounds for Appeal**

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| **Tick as appropriate** |
| It is believed the University’s review procedures were not followed, and the failure would cause reasonable doubt as to whether the Ethics Board would have reached the same decision had these irregularities not occurred |  |
| It is believed the Board making the decision did not have the authority to do so |  |
| It is believed that the Board making the decision did not act impartially (i.e. there is demonstrable evidence of prejudice, bias or inadequate review) |  |

**3. Summary of appeal**

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| --- | --- |
| Name of University Ethics Board  |  |
| Date of Ethics Board’s Decision |  |
| Worktribe Ethics Application ID[[1]](#footnote-1)  |  |
| Additional Documentary evidence attached (if applicable e.g. including correspondence relating to any informal attempts at resolution) |  |

**Please provide a brief description of the reasons for this appeal (no more than one side of A4)**

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**4. Declaration**

I declare that I have read the **Research Ethics Applications – Policy and Procedure on Appeals** and that the grounds for my appeal are compliant with Section 3.

**Principal Investigator/Student**

Name: Signature:

Date:

**Supervisor (for student appeals)**

Name: Signature:

Date:

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| *Supervisor’s Comments* |

1. Available under the ‘Scope’ tab within the Worktribe Ethics application. This will enable the panel to access the relevant ethics application [↑](#footnote-ref-1)