**RP FORM 2 (RPF2): Data Protection**

NB data must only be collected following the presentation and discussion of a clear information sheet and the signing of an informed consent form, and only where an ethics approval and risk assessment have been passed.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Date of application |  |
| Title of Project |  |
| Highest degree of applicant |  |
| Other university / research institution association and details |  |
| Location of research |  |
| Duration of research |  |
| Type of research (anthropological, archival, archaeological etc.) |  |
| Team members and highest qualification (please list) |  |
| Aims and objectives of research (250 words) |  |
| Methodology (250 word) |  |

|  |  |
| --- | --- |
| **DATA COLLECTORS** |  |
| Name |  |
| Position |  |
| University |  |
| Email |  |
|  |  |
| Name |  |
| Position |  |
| University |  |
| Email |  |
|  |  |
| Name |  |
| Position |  |
| University |  |
| Email |  |

Please provide information below regarding the nature of the personal details being collected (including images). You must attach your Participant Information sheet and Informed Consent form in English and translated into any other required language.

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| **PARTICIPANT DETAILS** |  |  |
| How many individuals are involved in the research in the specified age categories? | 18-30 |  |
|  | 31 – 50 |  |
|  | 51 – 65 |  |
|  | 65+ |  |
| Does the research involve children or vulnerable adults? Provide details. |  |  |
|  | Total number of participants |  |
| Are you collecting | Anonymous data (no identifiers) |  |
|  | Coded data with some personal identifiers |  |
|  | Fully identifiable personal details |  |

|  |  |  |
| --- | --- | --- |
| FURTHER DETAILS | Please mark with an X where the answer to these questions is ‘yes’ | Please detail the purpose, fairness and transparency of the data collection if relevant |
| Will personal data be shared with other organisations or individuals? |  |  |
| Will the data collected result in participants being treated differently, or will the use of the data have an impact on their or their lives? |  |  |
| Are you collecting particularly private data such as health records? |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| DATA STORAGE |  |
| What type of data will be stored? |  |
| Where / how will the data be stored? |  |
| Who will the data be shared with? |  |
| How will the data be shared? |  |
| When will the data be destroyed? |  |

I confirm I have familiarised myself with GDPR (https://www.gov.uk/government/collections/data-protection-act-2018 ) and understand my responsibilities as the lead researcher to protect data and privacy.

I confirm that if my research relates to the collection of personal data, images, or involves children or vulnerable adults, I am aware of GDPR requirements and will abide by these.

Name:

Signed:

Date:

Name:

Signed for the BIEA:

Date:

Please send completed forms to the Director: biea.director@britac.ac.uk