



Friday, 28 July 2017

cshs/ethics /approved

[REDACTED]  
BSc (Hons) Human Nutrition & Dietetics  
Cardiff School of Health Sciences

Dear Applicant

**Re: Application for Ethical Approval: The Public Perception of the Hospital Food Experience**

**Project Reference Number : 9293**

Your ethics application, as shown above, was considered by the Health Care and Food Ethics Panel on 26/07/2017.

I am pleased to inform you that your application for ethical approval was **APPROVED**.

Minor issues may still need addressing before you commence any work – if so these will be listed below.

**N/A**

Where changes to the information sheet, consent form and/or procedures are deemed necessary you must submit revised versions to the relevant ethics inbox. If you are a student – your supervisor must do this on your behalf.

**Note:** Failure to comply with any issues listed above will nullify this approval.

**Standard Conditions of Approval**

1. Your Ethics Application has been given a Project Reference number as above. This **MUST** be quoted on all documentation relating to the project (E.g. consent forms, information sheets), together with the full project title.
2. All documents must also have the approved University Logo and the Version number in addition to the reference and project title as above
3. A full **Risk Assessment** must be undertaken for this proposal, as appropriate, and be made available to the Committee if requested.
4. Any changes in connection to the proposal as approved, must be referred to the Panel/Committee for consideration **without delay quoting your Project Reference Number**. Changes to the proposed project may have ethical implications so must be approved.
5. Any untoward incident which occurs in connection with this proposal must be reported back to the Panel **without delay**.
6. If your project involves the use of **human samples**, your approval is given on the condition that you or your supervisor **notify the HTA Designated Individual** of your intention to work with such material by **completing** the form entitled “*Notification of Intention to Work with Human Samples*”. The form must be submitted to the PD (Sean Duggan), **BEFORE** any activity on this project is undertaken

This approval expires on **26/07/2018** . It is your responsibility to reapply / request extension if necessary.

Yours sincerely

[Redacted signature]

[Redacted name]

**Chair of Department of Healthcare and Food Ethics Panel**

Cardiff School of Health Sciences

Llandaf Campus

Western Avenue, Cardiff CF5 2YB

[Redacted contact information]

Cc: [Redacted]

**PLEASE RETAIN THIS LETTER FOR REFERENCE**