**ETHICS REVIEW APPLICATION FORM (2017-2018)**

Instructions: Please complete all sections of this application form as appropriate. Please make sure all sections are answered in a clear, concise and complete manner.

Title of Study (100 characters max):

Principal Investigator (PI):

Name: N/A
Email address:

Status:

ð Access Academy Student
✓ Undergraduate Student

ð Access Academy Faculty

ð Undergraduate Faculty

ð Staff

If you are a student, please indicate here who is the faculty supervisor to this project?

Co-investigators (If any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Institutional Affiliation | Status | E-mail Address | Comments |
|  |  Asian University For Women |   |   |   |

**PROJECT DESCRIPTION**

1. Please provide a lay summary of the study, including the purpose, research questions and hypotheses (if any) to be evaluated.

2. Please describe briefly how this study will add to existing knowledge in the field.

3. What is the projected duration of this study? Please note that research projects not complete within two years, will require a progress report to the IRB and may be subject to additional review processes.

* + Anticipated Start Date of the Project/Study (Month Date Year):
	+ Anticipated End Date (when results will be reported via a paper or other means) of the Project/Study (Month Date Year):

4. Please briefly summarise the Principal Investigator’s qualifications and experience relating to conducting studies of this nature.

5. Funding sources of this study/research?

|  |  |  |
| --- | --- | --- |
| **Source of Funding (Add as many lines as needed to provide a complete picture.)** | **Amount of Funding (Specify Currency)** | **Purpose of Funds (how will funds be utilized?)** |

5.1. Will your study be carried out principally for the benefit of the funder(s) of your research? Yes/No

5.2. If doing a study involving pharmaceutical drugs, will your study be carried out principally for the benefit of the manufacturer or distributor of the medicine or item being trialled? N/A

**RESEARCH METHOD AND SAMPLING**

6. Does your study involve living experimental animals or their parts? If no, please go to question 7. If yes, please complete the Animal Ethics Review Form, Appendix A. After completing Appendix A, please complete questions 13-25, and sign the Declaration at the end of this application.

7. Does your study involve human participants (e.g., interviews, surveys, focus groups, shadowing, testing, collection of human biological/physiological data etc.)?

8. Please explain why human participants are essential for this research.

**9. What kind of methodology will you use to collect data from human participants? Please explain your choice of methodology and describe the kind of data you want to gather from human participants.**

10. How will you be recruiting human participants in this research? Please explain how you will ensure that you acquire voluntary informed consent of research participants. Please attach the Participant Information Sheet and Consent Form that you will utilize.

11. Are there any economic considerations with regards to your participants? Describe any costs to the participants and/or amount and method of compensation that will be given to them and when this will be given. Extra course credit should be considered an economic consideration.

**12. Will your participants include protected populations and/or potentially vulnerable people, that is, people who may have a restricted ability to make independent decisions about their participation? Note, this includes but is not limited to prisoners, fetuses, pregnant women, the seriously ill, mentally or cognitively compromised adults, or children under the age of 18?**

 **12.1 YES - explain the rationale for including protected and/or vulnerable popula tions and how you will ensure that you are sensitive to the needs of the population. Please also describe how you will ensure that you minimize the time burden to vul nerable participants.**

 **12.2 NO - please describe what factors may impact the ability of participants to give informed consent. For example consider power-dynamics and organizational at tachments. If individuals cannot give informed consent, you should not include them in your sample.**

13. Will you collect human tissue as data? No - proceed. Yes - please answer the following questions:

|  |
| --- |
| a. Will any human tissue collected or otherwise obtained from participants in this study but not used by you for this study be made available for use in future research, for instance by being stored for later use by you or others in a tissue bank? yes no not applicable |
| *b.* *You should explain the situation in Part A above clearly to potential participants.* Will consent for future unspecified use of human tissue be obtained separately from consent to participate in your study? yes no |
| *You must separately obtain consent for future unspecified use of human tissue from consent to participate in the proposed study.* |
| Please briefly describe some possible future uses for human tissue collected in your study.[<200 words] |
| Will any human tissue collected or otherwise obtained from participants in this study but not used in this research be stored or sent overseas for further work in this proposed study or another study? yes no |
| You should explain this clearly to potential participants. |
| What will happen to the human tissue after the research project is completed? Explain the disposition procedures.  |

**RESEARCH ASSISTANTS**

14. Does your research involve data collection by individuals other than yourself? (i.e research assistants).

 14.1 Yes - please describe their recruitment, their daily routines and remunerations, and explain how their contributions will be recognized?

**ONLINE RECRUITMENT AND DATA STORAGE**

15. Are you doing online recruitment of participants and/or research assistants or storing your research data online?

 15.1 Yes - For your online data collection and storage, are you using a professionally administered server?

 15.2 If you are storing it in a personal computing device, how are you securing the data?

 15.3 Are there security check-ups (anti-virus and password updates) for your personal machine?

 15.4 Do you have a backup system in place to ensure safety of your research data?

 15. 5 What is your strategy in place for post-research data storage and/or disposal?

**SAFETY, RISKS AND CONFIDENTIALITY**

**16. Please describe the potential risks to which participants could be exposed as a result of this research project. All of the risks/harms must be disclosed in the consent form utilized for this study.**

**17. How will you minimize the risks faced by participants? For example, if any adverse or unexpected outcome that could be potentially harmful is caused by your study what will you do (e.g. emotional harm, suicidal ideation)?**

**18. Does your research pose any health-related or environmental risk to anyone in the wider community, including your research assistants, or anyone other than the participants that may be exposed to it? (for example, if conducting research in the lab, will you be exposing anyone to dangerous or toxic chemicals and how will you manage this?)**

**19. Does the research involve any risks to your own safety? If no, please proceed to the next question. If yes, please describe what they are and how you will minimize these risks to yourself.**

**20. How will you protect the privacy and confidentiality of the research participants? Please make sure you describe the form, duration and method of data storage.**

21. Will you or any member of your research team collect or have access to any of the personal identifiers listed below? Select all that apply.

ð Name

ð Date of birth

ð Mailing or email address

ð Phone or fax numbers

ð Identification number (Governmental or organizational)

ð Medical records or health information

ð License, certificate or Vehicle ID

ð IP address

ð Biometric identifiers

ð Photos/images/audio recording

ð Institutional attachment identifier

ð Signatures, handwriting samples

ð Any unique identifier not mentioned above(Please specify): \_\_\_\_\_\_\_\_\_\_\_

ð No member of the research team will have access to any personal identifiers.

Note: This option is valid only if none of the other options in this question are selected.

**FUTURE USE OF DATA**

22. Please describe briefly how the research findings of this research will be utilized. Please indicate here how do you intend to report or disseminate the results of your study.

23. How will you communicate the research findings of this project to the participants?

24. Will data generated in your study be made available for use in future research? Check all that apply.

|  |  |
| --- | --- |
|   | Yes, by myself and my co-investigators |
|   | Yes, by other researchers. |
|   | No |

If NO, please continue to 25. If yes, please answer 24.1

24.1 Which of the following best describes the form in which data generated by your study might be made available to other researchers?

|  |  |
| --- | --- |
|   | Identified |
|   | potentially identifiable |
|   | partially de-identified |
|   | de-identified |
|   | Anonymous |
|   | other – describe: |

**BENEFITS OF RESEARCH**

25. Describe any benefits that individuals may reasonably expect from participation.

26. Describe the anticipated benefits of this study to society, academic knowledge or both.

27. DECLARATION OF THE PRINCIPAL INVESTIGATOR

|  |  |  |
| --- | --- | --- |
| **Name of Principal Investigator** | **Signature of Principal Investigator (If you cannot insert a digital signature, please just write your name here as an indication of your signature)** | **Date** |

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