Ethics Review Application Form for Humanities and Social Sciences Research

**ETHICS REVIEW COMMITTEE**
**Faculty of Humanities and Social Sciences,**
**University of Ruhuna,**

**Wellamadama, MATARA (Sri Lanka)**

**Email:**

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*Office use only*

**Unique Identification No** …….. **Date received ____/____/_____**

**Version:**

**Name of Applicant: (Prof/Dr/Mr/Ms) ……..**

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## APPLICATION FORM – HUMANITIES AND SOCIAL SCIENCES RESEARCH

This form should be filled and **signed** by the principal researcher who requests ethical approval for a research project involving **human subjects**. All entries should be typed. **Hand written forms will not be accepted. No cages should be left blank.**

*The spaces in this form are expandable as you type.*

Please read the **instructions carefully when completing the application form** and ensure all relevant documents as per the document checklist are attached hereto.

## PART 1 (Administrative details)

**1. Title of Research Project:**

**2. Details of Principal Researcher**

| | |
|---|---|
| Title(Prof./Dr./Mr/Ms): | Name: |
| Current designation and name and address of institution attached to: | |
| Highest educational qualification: | |
| Mailing address: | |
| Phone no for contact: | e-mail: |

**3. Is this study a requirement for a postgraduate degree?**

Yes ☐ No ☐

**3.1 Have you already registered for this degree?** Yes ☐ No ☐

| | | |
|---|---|---|
| Type of degree (MA/MSc/MPhil/PhD/other): | | |
| Awarding University: | | |
| Date of registration: | Date of protocol approval by Board of Study: | Letter annexed ☐ |

***Please append letter of approval from the relevant Board of Study.***

**4. Are there supervisors for this project?** Yes ☐ No ☐

**4.1 Details of Supervisors:**

| | |
|---|---|
| Title: | Name: |
| Institutional affiliations: | |
| Highest educational qualification: | |
| Mailing address: | |
| Phone: | e-mail: |

| | |
|---|---|
| Title: | Name: |
| Institutional affiliations: | |
| Highest educational qualification: | |
| Mailing address: | |
| Phone: | e-mail: |

***Please append additional pages with Supervisors' names if necessary.***

**5. Are there co-researchers for this project?** Yes ☐ No☐

**5.1 Details of co-researchers:**

| Title: | Name: |
|---|---|
| Institutional affiliations: | |
| Highest educational qualification: | |
| Mailing address: | |
| Phone: | e-mail: |

| Title: | Name: |
|---|---|
| Institutional affiliations: | |
| Highest educational qualification: | |
| Mailing address: | |
| Phone: | e-mail: |

***Please append additional pages with co-researchers' names if necessary.***

**6. Location(s) where the research will be conducted:**

Specify all study sites

If the research is to be conducted at a site requiring prior administrative approval/consent (e.g., a hospital/school/correctional center/research institution), it is the responsibility of the researcher to obtain approval in advance.

| Type of site | Details |
|---|---|
| | |
| | |

***Please append copies of the letters: 1) request for permission from the relevant authorities; and 2) permission from the relevant authorities.***

**7. Approvals from other research ethics committees, if any:**

**7.1** Has any other ERC approved this project? Yes ☐ No ☐

*If Yes, please attach a copy of the letter of approval.*

**8. Funding of the project**

| Funding Status | Source and amount |
|---|---|
| Funded ☐ | Agency: Total Budget : SLR |
| Applied for funding ☐ | Agency: Total Budget : SLR |
| Unfunded ☐ If unfunded, please explain why. : | |

## PART 11 (Research Proposal)

**9. Estimated dates for commencing and completing the mobilization of subjects:**
Estimated commencement date:

Estimated completion date:

**10. Please include the following information as given in your project proposal indicating the page number(s) in the box relevant to each section**.

| **10. 1 Collaborative partnership** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Collaborations established with institutions where the study is to be conducted | ☐ | ☐ | |
| 2. | Collaborations established with the community where the study is to be conducted | ☐ | ☐ | |
| 3. | Benefits the institutions, communities, and individuals will receive | ☐ | ☐ | |

| **10.2 Social Value** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Beneficiaries of the research and the nature of the benefits they would receive | ☐ | ☐ | |
| 2. | Plan for disseminating the research findings | ☐ | ☐ | |

| **10.3. Scientific Value** | **Applicable** | **Section in** |
|---|---|---|

| | | Yes | No | Protocol & page |
|---|---|---|---|---|
| 1. | Scientific importance of the study for the relevant discipline | ☐ | ☐ | |
| 2. | Justification of re-experimenting with the findings | ☐ | ☐ | |
| 3. | Justification of the sample size | ☐ | ☐ | |

| **10.4 Confidentiality** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Procedure for gathering data and samples | ☐ | ☐ | |
| 2. | Period for preserving data and samples | ☐ | ☐ | |
| 3. | Procedure for collecting personal data | ☐ | ☐ | |
| 4. | Permission procedure for accessing personal data | ☐ | ☐ | |
| 5. | Confidentiality procedure for personal data | ☐ | ☐ | |
| 6. | Storage procedure for data and sample | ☐ | ☐ | |
| 7. | Disposal procedure for data and sample | ☐ | ☐ | |

| **10.5 Rights of the participants** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Contact person(s) for subjects | ☐ | ☐ | |
| 2. | Procedure for subjects to make enquiries | ☐ | ☐ | |
| 3. | Procedure for subjects to withdraw from research | ☐ | ☐ | |
| 4. | Procedure for subjects to obtain research results | ☐ | ☐ | |
| 5. | Follow-up communication procedure for subjects | ☐ | ☐ | |

| **10.7 Responsibilities of the researcher** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Safety procedures concerning the subjects | ☐ | ☐ | |
| 2. | Post-research welfare procedures for subjects | ☐ | ☐ | |

| | | | | |
|---|---|---|---|---|
| 3. | Procedures to minimize conflict of interest issues | ☐ | ☐ | |
| 4. | Procedures to manage ethical/legal/social/cultural and financial issues | ☐ | ☐ | |
| **10.8 Vulnerable populations** | | **Applicable** | | **Section in Protocol & page** |
| | | **Yes** | **No** | |
| 1. | Vulnerability evaluation of the research population | ☐ | ☐ | |

| **10.09 Community based research** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Impact and relevance of the research to the target community | ☐ | ☐ | |
| 2. | Step by step consultation with the target community while designing the research | ☐ | ☐ | |
| 3. | Procedure followed to obtain community consent | ☐ | ☐ | |
| 4. | Contribution to capacity building | ☐ | ☐ | |
| 5. | Procedure for making research results available to the community | ☐ | ☐ | |

| **10.10 Information Sheet (IFS)/Informed Consent Form (ICF) Checklist**<br>(List the sections in IFS/ICF where you have dealt with the following) | | **Section IFS/ICF** |
|---|---|---|
| 1. | Purpose of the study | |
| 2. | Voluntary participation | |
| 3. | Duration, procedures of the study and participant's responsibilities | |
| 4. | Potential benefits | |
| 5. | Risks, hazards and discomforts | |

| | | |
|---|---|---|
| 6. | Reimbursements | |
| 7. | Confidentiality | |
| 8. | Termination of study participation | |

| **11.11Consent** | | **Applicable** | | **Section in Protocol & page** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
| 1. | Procedure for initiating contact with subjects | ☐ | ☐ | |
| 2. | Procedure for obtaining verbal consent | ☐ | ☐ | |
| | Procedure for obtaining written consent | ☐ | ☐ | |
| 3. | Information provided for participant | ☐ | ☐ | |
| 4. | Procedure for ensuring the subjects' reading and comprehension of the information provided. | ☐ | ☐ | |
| 3. | The procedure for obtaining proxy consent. | ☐ | ☐ | |
| 4. | The procedure for withdrawing consent. | ☐ | ☐ | |
| 5. | Incentives/rewards/compensation provided to participants. | ☐ | ☐ | |
| 6. | Procedure for familiarizing the subjects with possible research protocol changes | ☐ | ☐ | |
| 7. | Procedure for obtaining the consent of vulnerable groups / children under 18 years | ☐ | ☐ | |
| 8 | Procedure for obtaining the consent of the guardians of the vulnerable groups / children under 18 years | ☐ | ☐ | |

**Attach a copy of all posters, advertisements, flyers, letters, to be used for recruitment.**

**Please attach letters of consent from the guardians of children aged 12-18 years.**

**11. Data Collection method**

11.1 **Study instruments**

| | |
|---|---|
| Page Number/s | |
| Section/s | |

## PART III – (Description of the risks and benefits)

**12. Possible Risks**

Please indicate all potential risks to subjects are liable to undergo:

(i) Physical risks (e.g., physical contact with chemical substances): Yes ☐No ☐

(ii) Psychological/emotional risks (e.g., exposure to traumatic discourse): Yes ☐No ☐

(iii) Social risks (e.g., threats to reputation due to social misunderstanding): Yes ☐No ☐

(iv) Legal risks (e.g., interrogation by authorized public institutions): Yes ☐No ☐

**13. Possible Benefits of Project Implementation**

- Potential direct benefits the individual subject has
- Potential direct benefits the community has (e.g., capacity building)
- Potential benefits the academic community has

**14. Do you have any conflict of interest with regard to the research/project?**

Yes ☐ No ☐

If yes, please state

**15. Declaration of applicant**

1. As principal researcher, my signature confirms that I ensure that all procedures performed under the project will be conducted in accordance with the relevant national and international policies and regulations that govern research involving people.
2. I understand that if there is any deviation from the original project design I am bound to resubmit an application form to the ERC, with the relevant changes.
3. I ensure submitting details of all significant previous decisions of the present or past ERC or regulatory authorities relevant for the proposed study.
4. I declare that I am not seeking approval for a study that has already commenced or has already been completed.
5. I understand that the application needs at least two months for the ERC to issue the relevant ethics clearance.
6. I promise to report on all developments and drawbacks during the implementation of the research in accordance with the ERC guidelines.

……..

Signature of Principal Researcher Date: ___ /____/_____

Full name of Principal Researcher:

## 16. Consent from all Researchers

We, the undersigned hereby confirm our consent to be co-investigators of the project titled:

| Name | Qualifications | Institutional Affiliations | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 17. Acknowledgement (*Office use only)*

**Name of Applicant: (Prof/Dr/Mr/Ms)** ……..

**Unique identification No …….** **Date received ____/____/_____**

**Version:**

Thank you for submitting the above research proposal. The proposal has been assigned the above protocol number. It will be considered by the Ethics Review Committee at its meeting in ……and will be assigned to three principal reviewers. The ERC may contact you in due course if any clarifications; additional documentation; or revisions are required.

…….

Administrative Officer/Convenor/Secretary

ERC,FH&SS, UOR