**Form B- Application for Low Risk Ethical Approval**

The purpose of this form is to give Research Ethics Committee sufficient information to make an informed judgment about the ethics of your application.

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| Personal details |
| Applicant’s details |
| Date of applicant | / / |
| Full name of applicant |  |
| Contact address |  |
| Phone number |  | Email |  |
| Program of study |  | Faculty/Centre |  |
| Supervisor details |
| Principal supervisor |  |
| Current qualifications |  |
| Current employment |  | Work |  |
| Other personnel |  |
| Project details |
| Title of the project |  |
| Proposed date of commencement of data collection | / / | Expected date of completion of data collection | / / |
| Interest in topic |  |
| Is this research being funded |  |
| Authorised official stamp of the organisation. |  |

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| Details of the project |
| Research question(s) |  |
| Justification |  |
| Procedure for recruiting participants and obtaining informedconsent |  |
| Procedures in which research participants will be involved |  |
| Procedures for handling information and materials produced in thecourse of the research |  |

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| Ethical Issues |
| Access to participants |  |
| Informed consent |  |
| Confidentiality |  |
| Potential harm to participants |  |
| Participants’ right to decline to participate and right to withdraw:1. Indicate what activities you require participants to do in your study.
2. Indicate how much participants’ time will

be required |  |
| Arrangements for participants to receiveinformation |  |
| Use of the information |  |
| Conflicts of interest |  |
| Procedure for resolutionof disputes |  |

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| Other ethical concernsrelevant to the research |  |
| Cultural and socialconsiderations |  |

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| Legal issues |
| Copyright |  |
| Ownership of data or materials produced |  |
| Any other legal issue relevant to the research |  |
| Place in which theresearch will be conducted |  |
| Has this application in whole or part previously been declined or approved by another ethics committee?Yes No |
| For research to be undertaken at other facilities under the control of another ethics committee, has an application also been made to that committee?Yes No |
| Is any of this work being used in a thesis to be submitted for a degree at the MNU? |  |
| Further conditions |  |

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| Informing relevant departmental head/s |
| Is your proposed research about subjects/papers or programmes within the Faculty/Centre of......................................? | Yes No |
| If yes, have you informed the relevant Head (s) of Department? | Yes No |

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| Applicant agreement |
| I agree1. to ensure that the above-mentioned procedures concerning the ethical conduct of this project will be followed by all those involved in the collection and handling of data.
2. in the event of this application being approved, the researcher agrees to inform the Research Ethics Committee of any change subsequently proposed.
3. to submit for approval any amendments made to the research procedures outlined in this application which affect the ethical appraisal of the project.
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| Signature of applicant | Date / / |

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| Supervision agreement |
| I agree1. that this application has been developed with my supervision and has my support. I have checked that all the information requested in the checklist below is included.
2. I agree to support the student to follow the above-mentioned procedures concerning the ethical conduct of this project.
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| Signature of Principal supervisor: | Date / / |
| Signature of a Co-supervisor: | Date / / |

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| CHECK LIST |
| Before submitting this form to the Research Ethics Committee, please ensure that you have completed the following and attached these as appendices |
| Research Proposal Letter(s) to: participants, e.g. children, caregivers, principal, teachers. Information sheet, introductory letter for each type of participant.Consent form(s) for each type of participant. Questionnaire/survey questions/interview questions. Reference list.Every page of your ethics application form has been numbered. |

**Actions taken by Research Ethics Committee**

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| Application Number |  |
| Send for further clarifications |  |
| Approved by: |  |
| Date: |  |