

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

**Information and Instructions**

*Please fill this application form and attach all the required documents along with the application form addressed to research ethics secretariate to* [***research.ethics@mnu.edu.mv***](mailto:research.ethics@mnu.edu.mv)

*Kindly please refer to research ethics policy available at* [*https://mnu.edu.mv/research-development/*](https://mnu.edu.mv/research-development/)

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| **Section A: Applicant Details:** | |  | | |
|  | **Full Name of the applicant** |  | | |
| **1** | Program Name |  | | |
| **2** | Title of the project |  | | |
| **3** | E-mail address |  | Contact Number |  |

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| **Section B: Project Supervisor Detail** | | | | |
| 1 | Principal Supervisor’s Name |  | | |
| 2 | Qualification |  | | |
| 3 | Faculty/Department |  | | |
| 4 | Job or current position |  | | |
| 5 | E-mail address |  | Contact Number |  |

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| **Section C: Project Detail Part 1** | |  |
| 1. | Proposed date of commencement of data collection |  |
| 2 | Expected date of completion of data collection |  |
| 3 | Interest in topic |  |
| 4 | Is this research being funded |  |
|  | University Research Grant Number (If the research is a University Research Grant Awarded Research) |  |

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| **Section C: Project Detail Part 2: Ethical Issues** | |  |
|  | How do you plan to access participants |  |
|  | How do you plan to informed consent |  |
|  | How do you plan to ensure confidentiality |  |
|  | Is there any potential ham to participants |  |
|  | What activities do you require participants to do in your study |  |
|  | Indicate how much time participants time will be required |  |
|  | How do you plan to share information of your research project with your participants |  |
|  | If there is any conflict of interest/ dispute how to do plan to resolute it (If not applicable write **NA**) |  |
|  | Cultural and social consideration (If not applicable write **NA**) |  |

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| **Section C: Project Detail Part 3: Legal Issues** | |  |
|  | How do you plan to ensure copyright |  |
|  | How do you plan to ensure the ownership of data or materials produced |  |
|  | Is there any other legal issue relevant to the research |  |
|  | Place/location in which the research will be conducted |  |
|  | Is any of this work being used in a thesis to be submitted for a degree at the MNU? |  |

***Please fill this part if the research project is conducted in collaboration with other institution***

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| **Section D: Collaborated Research Project** | |  | |
|  | Is this a collaborated research project |  | |
|  | Name of the collaborating institution |  | |
|  | Have you received ethics approval from the collaborating institution. If yes please provide the ethics approval number from the institution | Yes/No | Ethics Approval No: |

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| **Section E: Applicant Agreement** | | |  | |
|  | I confirm that all individuals involved in the collection and handling of data for this project will adhere strictly to the ethical procedures outlined in this application. Should this application be approved, I agree to promptly inform the Research Ethics Committee of any proposed changes to the project.  I also commit to submitting any amendments to the research procedures for prior approval, especially those that may influence the ethical assessment of the study.  Furthermore, I acknowledge that this application ***will be considered incomplete and returned if it does not include all the required documents and the necessary signatures from both the applicant and the supervisors.*** | | | |
|  | Signature of applicant |  | Date: |  |

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| **Section F: Supervisors Agreement** | | |  | |
|  | This application has been developed under my supervision and has my full support. I confirm that I have reviewed and ensured the following:   * The students have ***completed all required documents*** as outlined at the end of the application form. * I have ***thoroughly reviewed and approved the students’ research proposals***, including the research questions, methodology, data collection tools (e.g., questionnaires), data storage, data management and ethical considerations. * I have verified the completed application form and ***ensured that all sections are accurately and properly filled out.*** | | | |
|  | Signature of the supervisor |  | Date: |  |

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| CHECK LIST |
| **Before submitting this form to the Research Ethics Committee, please ensure that all of the following items have been completed and attached as appendices.** All documents must be submitted in **PDF format only**. Please note that if any of the required ***PDF documents or relevant signatures*** are missing, the application will be returned to the applicant as an **incomplete submission**.  **Required Documents (PDF format only):**   1. **Ethics Screening Questionnaire** 2. **Completed Ethics B Form**, signed by both the applicant and the supervisor 3. **Research Proposal**, MNU Format with page numbers on each page 4. **Research Questionnaire**, with page numbers on each page 5. **Participant Information Sheet** (using the official MNU template) 6. **Consent Form(s)** for each category of participant involved in the study (using the official MNU template) 7. **Data Collection Tools**, including questionnaire, survey, or interview questions 8. **Reference List** (to be submitted as a separate document) 9. **Ethics Approval Letter** from the collaborating institution (if applicable) |