**I. General**

**Name of Research Project:**

**To which agency is the proposal being submitted (or has been submitted):**

**Principal Investigator/s (or academic supervisor/s):**

|  |  |
| --- | --- |
| **Name**: | **Name**: |
| **Department:** | **Department:** |
| **Academic position:** | **Academic position:** |
| **University Telephone**: | **University Telephone**: |
| **Mobile Phone:** | **Mobile Phone:** |
| **University Email:** | **University Email:** |
| **Other Email:** | **Other Email:** |

**Name(s) of those conducting the research (if different from above):**

|  |  |
| --- | --- |
| **Name**: | **Name**: |
| **Department:** | **Department:** |
| **Academic position:** | **Academic position:** |
| **University Telephone**: | **University Telephone**: |
| **Mobile Phone:** | **Mobile Phone:** |
| **Email:** | **Email:** |

**II. Consent to Participate**

1. Are the subjects able to legally consent to participate in the research? Yes /  No

If you answered ‘No’ to question 1, complete section IIb

1. Will the subjects be asked to sign a consent form?  Yes /  No

If you answered ‘No’ to question 2, explain here**:**

**IIb: Subjects who cannot legally consent (minors, mentally incapacitated, etc.):**

3. Will the subject's legal guardian be asked to sign a consent form?  Yes /   No

If you answered ‘No’, to question 3, please explain here:

4. Will the subject be asked to give oral consent? Yes /  No

5. Are the instructions appropriate to the subjects' level of understanding? Yes /  No

Comments:

1. If informed consent forms will be signed, how will the informed consent forms be stored to ensure confidentiality?

**III. Discomfort**:

1. Will the participants be subjected to physical discomfort? Yes /  No
2. Will the participants be subjected to psychological discomfort?: Yes /  No

If you answered ‘Yes’ to question 7 or 8, add here a detailed explanation of the circumstances:

**IV. Deception**

1. Does the research involve deceiving the subjects? Yes /  No
2. Is the decision on the part of the subject to participate in the study based on deception? (For example, if they are informed of their participation only after the event.) Yes /  No

If you answered ‘Yes’ to question 9 or 10, add here a detailed explanation why deception is necessary:

**V. Feedback to the Subject**

Note: Although feedback to the subject is recommended for *all* studies, it is required for studies that involve discomfort or deception. Feedback entails providing the subject, upon completion of the experiment, explanation of the experiment and its aims.

1. Will the subjects be provided with post-experiment oral feedback? Yes /  No
2. Will the subjects be provided with post-experiment written feedback? Yes /  No

If you answered ‘No’ to both questions 11 and 12, explain here:

**VI. Compensation for Participation**

1. Will the subjects receive compensation for participation? Yes /  No

Detail here the type and amount of compensation:

If you answered ‘No’ to question 13, explain the basis for participation:

**VII. Privacy:**

1. Will audio and/or visual recordings be made of the subjects? Yes /  No
   1. If yes, are they informed of this fact in the informed consent form? Yes /  No
2. Will the data collected (apart from the informed consent form) contain identifying details about the subjects? Yes /  No
   1. If the data contains identifying details, please answer here: (1) What steps will you take to ensure the confidentiality of the information? (2) How will the data be stored? (3) What will be done with identifying information or recordings of the subjects at the end of the research?

**VIII. Withdrawal from the Study:**

1. Will subjects be informed that they may withdraw from the study at any time? Yes /  No
2. Will the subjects’ compensation for participation be affected if they withdraw from the study before its completion? Yes /  No
   1. If yes, are they informed of this fact in the informed consent form? Yes /  No

**IX. Research Equipment**

1. Does the research entail the use of equipment other than standard equipment, such as computers, video recording equipment? Yes /  No
2. If yes, does the equipment being used meet safety standard for use with human subjects?

Yes /  No

Please specify which standards (include documentation where appropriate):

**Signatories:**

**Name:**       **Position**:

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

**Name:**       **Position**:

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

This section is to be filled out by a member of the Human Subjects Research Committee only

**Decision of the Committee:**

Note: The decision of this committee pertains only to ethical considerations involved in the conduct of the research.

Request Number:

Request Sub-Number:

Title of Research Project:

Principal Investigator/s:

Approval for research:   Granted /  Denied

Comments to the researcher in the event that application has been denied:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of committee:

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: