**NEAR EAST UNIVERSITY**

**Application Form for Ethical Approval**

|  |  |
| --- | --- |
| **1. Title of the study** | |
| Click here to enter text. | |
|  |  |
| **2. Primary applicant**  *Notes: Please note that by entering your full name below, you will be considered as signing this form.* | |
| **Full Name and Signature** | Click here to enter text. |
| **Graduate School** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Contact e-mail & phone number** | Click here to enter text. |
|  |  |
| **3. Research Team**  *Notes: If there are other researches included in this study (including supervisors), their names, titles, affiliations, emails and roles in the project should be provided. Please note that by entering your full name below, you will be considered as signing this form. Please add as many people as required by adding new rows below.* | |
| **Full Name and Signature:** | Click here to enter text. |
| **Role:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
|  |  |
| **4. Funding Body**  *Notes: Please provide the details of the funding body if your research received funding from a funding body.* | |
| **Name of the Funding Body** | Click here to enter text. |
| **Contact Person** | Click here to enter text. |
| **Contact e-mail address & phone number** | Click here to enter text. |
|  | |
| **5. Proposed Dates of Research** | |
| **Research start date** | Click here to enter a date. |
| **Research end date** | Click here to enter a date. |
|  | |
| **6. Briefly describe the purpose of your research.** | |
| Click here to enter text. | |
|  | |
| **7. Briefly describe the method and procedures to be followed during data collection. Please enclose any relevant materials (including interview questions where possible, participant information sheet(s) and participant consent form(s) where applicable).**  *Notes: Please make sure that your explanations cover the answers to the following questions.*  *What kind of data will be collected from the participants? (e.g. qualitative data about drug use, quantitative data about voting behaviour etc.) What sort of data collection tools will be used? (e.g. Semi-structured questionnaires, structured questionnaires etc.) When and where will the data be collected? How long will data collection last? Who are the intended participants and how will they be selected/recruited? (e.g. Age, Gender, intended sample size, representative sampling, convenience sampling etc.) Will the participants be paid for their time and effort? If so, how much and what will be the nature of this incentive/reimbursement be? How do you plan to provide the participant information sheet(s) to participants? When and how exactly do you plan to obtain consent of the participants?* | |
|  | |
|  | |
|  | |
|  | |
| Click here to enter text. | |

|  |
| --- |
| **8. Do you intend to collect data from any vulnerable groups (e.g. prisoners, minors, socioeconomically disadvantaged, etc.)? If so, please provide details regarding how you will be accessing these groups and how you intend to protect their rights within the process of your research.** |
| Click here to enter text. |

|  |
| --- |
| **9. Does your research necessitate any deception? If so, please provide reasons for this and also provide details of debriefing session you plan to do with the participants. If information will be withheld from the participants at any stage during the research, when and how will they be provided with full information?** |
| Click here to enter text. |

|  |
| --- |
| **10. Do you foresee any psychological or physical discomfort for the participants? If so, how do you intend to minimise/overcome these?** |
| Click here to enter text. |
|  |
| **11. Where and for how long do you plan to store the data? How will you make sure that personal data will not be obtained by third parties?**  *Notes: Please describe all the measures you will be taking in terms of keeping the participants’ data confidential and anonymous during the research process and after its completion* |
| Click here to enter text. |
|  |
| |  |  | | --- | --- | |  | | | **12. Date of Application** | Click here to enter a date. | |  | | |
| **Note: Please attach all relevant data collection materials (List of Questions, Participant Information Sheet(s) and Participant Consent Forms) to this application form and make sure that you compile all documents into ONE PDF file before submission.** |