V2 July 2023

**APPLICATION FORM FOR ETHICS APPROVAL**

**MEDICAL AND HEALTH RESEARCH AND ETHICS COMMITTEE**

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| **1. GENERAL INFORMATION** |
| **TITLE OF PROPOSED RESEARCH:**  **NAME OF RESEARCHER(S) AND THEIR ROLES AND RESPONSIBILITIES:**  **IF THE RESEARCH IS RELATED TO ANY APPROVED RESEARCH FUNDING/GRANT:**  **(*please state research reference number)***  **RESEARCH KEYWORDS (Limited to 5):** |
| **2. AIMS AND OBJECTIVES** |
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| **3. INTRODUCTION** |
| **IMPORTANCE OF STUDY**  **BENEFIT TO THE COMMUNITY OR CONTRIBUTING TO NEW KNOWLEDGE** |
| **4. DETAILS OF METHODOLOGY** |
| **4.1 PARTICIPANTS** |
| - Inclusion and exclusion criteria  - Number of participants to be recruited  - The detailed procedure of recruiting potential participants (how they are identified i.e any databases used) |
| **4.2 METHODS OF DATA COLLECTION AND DATA ANALYSIS** |
| - Data collection form, template, questionnaire, list of questions to use in interview, etc. must be attached - Data analysis and statistical methods |
| **4.3 ETHICAL CONSIDERATION** |
| - Include brief description on how anonymity is maintained  - Data ownership  - Data storage and duration |
| **4.4 BENEFITS TO RESEARCH PARTICIPANTS AND/OR THIRD PARTIES** |
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| **4.5 RISKS TO RESEARCH PARTICIPANTS AND/OR THIRD PARTIES** |
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| **4.6 INFORMED CONSENT/ WAIVER OF CONSENT** |
| - Procedure of taking informed consent (including assent of children)  - Justification of waiver of consent |
| **4.7 DISSEMINATION OF RESEARCH FINDINGS** |
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| **4.8 DECLARATION OF FUNDING/GRANT** |
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| **4.9 CONFLICT OF INTEREST (IF ANY)** |
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| I declare that all information provided above are correct and accurate.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |