**University of Kyrenia**

**SCIENCE, SOCIAL AND HUMAN SCIENCES ETHICS COMMITTEE PERMIT APPLICATION FORM**

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| **1.Research Name:** |  |
| **Application Date to the Ethics Committee:** |  |
| **Starting and ending date of research:** |  |
| **Institutions / organizations from which permission will be obtained :** |  |

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| **2. Applicant:**  *Notes: It assumed that you have signed this form once you write your full name below.* | |
| **Full name and signature** | Click here. |
| **Unit (Faculty, School, Vocational School, Institute, Research Centers, Administrative Unit, Coordinator, Preparatory School)** | *Click here.* |
| **Department** | *Click here.* |
| **E-mail and phone number** | *Click here.* |

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| **3. Research Team**  Notes: If there are other researchers (including thesis advisors) to take part in the study, their names, titles, institution, e-mail addresses and roles in the research should be stated. Researchers whose full names are listed below are considered to have signed the form. Please indicate the information of all relevant researchers by adding a line below. | |
| **Full Name, Institution and Signature** | Click here. |
| **His/her Role in the Research** | Click here. |
| **E-mail** | Click here. |

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| **4. Nature of the Research** |
| A.4.1. Research project |
| A.4.2. Master Thesis |
| A.4.4. PhD Thesis |
| A.4.5. Other (plesae specify ) |

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| **5. Research;** |
| A.5.1. The research is supported. |
| A.5.2. The research is not supported. |

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| **6. Information on Institution That Provides Financial Support:**  ***Notes:*** *If your research has received support, write down the information of the sponsoring institution.* | |
| **Name of the Institution:** | *Click here.* |
| **Contact person:** | *Click here.* |
| **E-mail address and phone number :** | *Click here.* |

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| **7. Describe briefly the purpose of your research.** |
| Click here. . |

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| **8*.* Briefly describe the methods and procedures to be followed during the data collection process. Please include the required materials / documents regarding the methods detailed here (e.g. interview questions, informed consent and information forms).**  *Notes: Please be sure to answer all of the questions below.*  *What kind of data will be collected from the participants? (For example, quantitative data on drug use, qualitative data on voting behaviour, etc.). What kind of data collection methods will be used? (For example semi-structured interview, structured interview, questionnaire, scale, etc.). When and where will data be collected? How long will data collection take? Who is your target group for data collection and how are they planned to be selected and included in the study? (For example, age, gender, representative sampling, appropriate sampling, etc.) Have the participants been informed that the research is voluntary and that they have the right to withdraw from the study whenever they want? What will be done to prevent any harm to the participants withdrawn from the study? If so, what type of support is foreseen and how much will be given? How do you plan to provide participants with participant information forms? Where and when do you plan to get participants' approval? If there are sources about the method please indicate them.* |
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| Click here. |

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| **9. Are you planning to collect data from defenceless / helpless groups (e.g. prisoners, minors, socioeconomically disadvantaged people, etc.)? If you are planning, explain how you going to reach those groups and protect their rights during the research.** |
| Click here. |

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| **10. Do you foresee any psychological or physical harm to the participants? If so, how do you plan to minimize or eliminate this kind of damage?** |
| Click here. |
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| **11. Where and for how long do you plan to store the data? Please explain what measures you will take to prevent your personal information from being captured by other people.**  *Notes: Please explain how to store participants' information securely and anonymously during and after the research process.* |
| Click here. |

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| With this application form, on behalf of myself / applicant (please enclose each page): |
| * I hereby confirm that the information provided herein the application is correct. |
| **Applicant Applying to the Ethics Committee** |
| Name, Surname: |
| Date: |
| Signature: |
| **Consultant’s Approval (any) :** |
| Name, surname: |
| Date: |
| Signature : |

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| * **• THIS PART WILL BE FILLED BY THE ETHICS COMMITTEE :** | |
| **I.1. Expert’s opinion/Expert’s consent** | |
| I.1.1. No need for expert opinion |  |
| I.1.2. Will be requested |  |
| I.1.3. Processed |  |
| I.1.4. Received |  |

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| **I.2 Decision** | |
| I.2.1. Appropriate |  |
| I.2.2. Needs to be corrected |  |
| I.2.3. Not appropriate |  |
| I.2.3. Causes : | |
| I.2.4. Specify the envisaged date for re-application submission. | |