**Application Form for Ethics Review for Social Sciences and Humanities**

 **Faculty of Arts/University of Colombo**

**Ethics Review Committee for Social Sciences and Humanities (ERCSSH)**

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| OFFICE USE ONLY |
| FILE NO  |

# APPLICATION FOR ETHICAL REVIEW IN SOCIAL SCIENCES AND HUMANITIES

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| A: RESEARCH/PROJECT TITLE AND THE TIME FRAME |

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| **A I. RESEARCH TITLE / AREA OF RESEARCH** |

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| **A 2. PERIOD FOR WHICH APPROVAL IS SOUGHT**  |

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| DATE OF COMMENCEMENT FOR DATA COLLECTION | DAY/MONTH/YEAR |
| EXPECTED DATE FOR COMPLETING DATA COLLECTION |  |
| EXPECTED DATE FOR COMPLETION OF THE RESEARCH STUDY/ PROJECT |  |

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| B: INVESTIGATOR/S |

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| **INSTITUTIONAL AFFILIATION**  |

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| **B 1.PRINCIPAL RESEARCHER**  |

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| --- | --- |
| NAME |  |
| DEPARTMENT |  |
| EMAIL |  |
| PHONE/FAX |  |

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|  **B 2. CO RESEARCHERS/ ASSISTANTS**  |

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| NAME | 1. | 2.  | 3. |
| INSTITUTIONAL AFFILIATION/S / DEPARTMENT |  |  |  |
| EMAIL |  |  |  |
| PHONE/FAX |  |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

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| **B 3. RESEARCHING WITH VULNERABLE GROUPS** |

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| DOES YOUR RESEARCH INVOLVE POTENTIALLY VULNERABLE SOCIAL GROUPS?\* | YES: NO: |
| IF YES, HAS/ HAVE THE RESEARCHER / CO RESEARCHERS BEEN ASKED TO PROVIDE A CLEARANCE RECORD FOR CRIMINAL HISTORY?\*\* | YES: NO: |

\*children, women, people with disabilities, people with psycho-social issues, sexually marginalized populations etc.

\*\*in case the researcher/s’ work with a group presents a conflict of interest or danger to informants.

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| ALL CO-RESEARCHERS/ ASSISTANTS HAVE READ THE RELATED DOCUMENTS AND ARE IN AGREEMENT TO ABIDE BY ERCSSH’s GUIDELINES. |
| SIGNATURE……………………………………………………………………… DATE………………………………………. |
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| C: Post graduate students/ undergraduate students |

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| **C 1.PRINCIPAL RESEARCHER**  |

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| POST GRADUATE STUDENT | UNDERGRADUATE STUDENT |
| FIRST NAME: | FAMILY NAME: |
| UNIVERSITY: |
| DEGREE ENROLLED IN: |
| REGISTRATION NUMBER: |
| NAME OF SUPERVISORS/S: | DEPARTMENT/FACULTY:ORGANISATION: |
| POSTAL ADDRESS (STUDENTS ONLY) : |
| PHONE: | EMAIL: |

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| **C 2. SUPERVISOR/S** |

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| DESIGNATION: | TITLE: |
| FIRST NAME: | FAMILY NAME: |
| DEPARTMENT/FACULTY: | ORGANISATION \*: |
| POSTAL ADDRESS: |
| PHONE: | EMAIL: |
| COPIES OF CORRESPONDENCE REQUIRED YES NO |
| RESEARCH TOPIC APPROVED YES NO |
| ERC APPLICATION & DOCUMENTS READ & APPROVED YES NO |
| SIGNATURE /S |

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| D: RESEARCH/PROJECT DETAILS |

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| **D 1. BRIEF DESCRIPTION OF THE RESEARCH/PROJECT** |

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| **D 2. SIGNIFICANCE OF THE STUDY** |

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| **D 3. OBJECTIVES OF THE STUDY** |

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| 4. |
| 5. |

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| **D 4. MEDICAL OR HEALTH RELATED RESEARCH**  |

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| IS THE RESEARCH RELATED TO MEDICAL OR HEALTH MATTERS? |  |
| IN WHAT FORM WILL THE PRIVATE INFORMATION BE COLLECTED? |  |
| IF INFORMATION IS SOUGHT FROM AN INSTITUTION, THE NAME OF THE INSTITUTION  |  |
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| E: RESEARCH/PROJECT METHODS/METHODOLOGY |

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| **E 1. TYPES OF DATA AND METHODS OF DATA COLLECTION** |

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| **E 1 a. TYPE OF DATA** |
| QUANTITATIVE | YES/NO |
| QUALITATIVE | YES/NO |
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| **E 1 b. METHODS OF DATA COLLECTION (TICK RELEVANT BOXES ONLY)** |
| QUESTIONNAIRE / SURVEY |  | STRUCTURED INTERVIEW |  |
| FOCUS GROUP DISCUSSION |  | SEMI-STRUCTURED INTERVIEW |  |
| EXPERIMENT/INTERVENTION |  | ORAL HISTORY INTERVIEW |  |
| DIGITAL DATA  |  | OTHER |  |
| FIELD/PARTICIPANT OBSERVATIONS |  | OTHER |  |
| RECORDING AUDIO/VIDEO DATA |  | OTHER |  |

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| **E 2. SECONDARY DATA** |

GIVE A BRIEF DESCRIPTION ABOUT THE SECONDARY SOURCES THAT WOULD BE USED TO GATHER DATA (BOOKS, JOURNALS, NEWSPAPERS, ETC.).

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| **E 3. DATA TRANSCRIPTION /TRANSLATION** |

EXPLAIN WHO WILL BE TRANSCRIBING/ TRANSLATING THE DATA AND HOW THE CONFIDENTIALITY IS ENSURED IF DATA IS TRANSCRIBED /TRANSLATED BY SOMEONE OTHER THAN THE RESEARCHER/S. IF A LETTER OF AGREEMENT OF CONFIDENTIALITY PRODUCED PLEASE PROVIDE A COPY.

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| **E 4. STORAGE OF DATA** |

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| IN WRITTEN FORM |  |
| AUDIO |  |
| VIDEO |  |
| COMPUTER |  |
| OTHER  |  |

DESCRIBE THE NATURE OF THE LOCATION AND THE FORM OF DATA STORAGE AND HOW LONG DATA WILL BE STORED:

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DOES THE RESEARCHER INTEND TO LET OTHER RESEARCHERS USE THE DATA IN FUTURE RESEARCH? IF SO HAS CONSENT BEEN OBTAINED FROM PARTICIPANTS/ INSTITUTIONS? IF YES , PLEASE PROVIDE A COPY OF THE CONSENT LETTER.

WHAT ARE THE MEASURES TAKEN TO PROTECT THE ANONYMITY AND CONFIDENTIALITY OF DATA IN STORAGE?

EXPLAIN.

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| **E5. PUBLICATION OF DATA** |
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| **WILL RESEARCH BE INTENDED TO BE PUBLISHED?** | **YES:****NO:** | **IN WHAT FORM?** |

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| F: PARTICIPANT INFORMATION |

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| **F 1.. PARTICIPANTS INFORMATION:** |

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| DESCRIBE THE PARTICIPANTS\* |  |
| THE NUMBER OF PARTICIPANTS |  |
| INSTITUTIONAL AFFILIATION  |  |
| WHAT THE PARTICIPANTS WILL BE ASKED TO DO |  |
| IN WHAT PLACE WILL YOU BE MEETING THE PARTICIPANTS? |  |
| HAVE YOU OBTAINED INSTITUTIONAL CONSENT FOR MEETING THE PARTICIPANTS? |  |
| ARE PARTICIPANTS INCIDENTAL (PUBLIC FIGURES/FAMILY/FRIENDS ETC.) ? |  |

\* PROVIDE A COMMON IDENTITY SUCH AS WOMEN, ELDERLY PEOPLE, ETC.

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| **F 2. SELECTION**  |

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| **PARTICIPANT TYPE** |  |
| **BASIS FOR SELECTION** |  |
| **METHOD OF SELECTION** |  |
| **IN WHAT COMPONENT OF THE STUDY ARE THEY INVOLVED ?** |  |
| **AGE GROUP OF THE PARTICIPANTS** |  |
| **HAS INFORMATION BEEN PRESENTED IN A MANNER THAT IS CLEAR TO THE PARTICIPANTS?** |  |
| **DO PARTICIPANTS HAVE THE ABILITY TO GIVE CONSENT OR NOT? (PLEASE EXPLAIN)** |  |
| **\*IN AN EVENT OF LANGUAGE ISSUE, WHAT METHOD WILL BE EMPLOYED?** |  |
| **DO PARTICIPANTS BELONG TO A SPECIFIC RELIGIOUS/CULTURAL /ETHNIC GROUP?** |  |
| **DO PARTICIPANTS HAVE DISABILITIES/SPECIAL NEEDS? IF SO PLEASE EXPLAIN** |  |

\*IF PARTICIPANTS HAVE SPEECH DISABILITIES OR TRANSLATION IS NEEDED

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| **F 3. PARTICIPANT CONTACT** |

PLEASE GIVE A BRIEF DESCRIPTION OF HOW PARTICIPANTS WERE INTRODUCED TO YOU AND HOW THEIR DETAILS WERE OBTAINED:

1. DIRECT CONTACT (FACE TO FACE OR OVER THE PHONE):

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1. ELECTRONIC CORRESPONDENCE:

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| **F 4. INFORMATION PROVIDED TO PARTICIPANTS** |

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|  | YES/NO | WHEN |
| CONSENT FORM |  |  |
| LETTER OF INTRODUCTION |  |  |
| INFORMATION SHEET |  |  |
| FEEDBACK INFORMATION |  |  |
| DE-BRIEFED |  |  |
| EMAIL |  |  |

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| **F 5. CONFIDENTIALITY AND ANONYMITY**  |

IF CONFIDENTIALITY AND ANONYMITY ASSURANCE IS TO BE GIVEN TO PARTICIPANTS, PLEASE EXPLAIN IN DETAILS WHAT THE PROCEDURE IS.

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| **F 6. PERMISSION** |

IF PERMISSION IS REQUIRED TO RECRUIT / CONDUCT PEOPLE TO OBTAIN WRITTEN DATA PLEASE PROVIDE DETAILS HERE AND PROVIDE A COPY OF THE PERMISSION FORM.

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| **F 7. QUESTIONNAIRES** |

IF PARTICIPANTS ARE ASKED TO FILL A QUESTIONNAIRE INDICATE THE PROCEDURES TAKEN TO ENSURE CONFIDENTIALITY AND THE SECURE RETURN OF QUESTIONNAIRES TO THE RESEARCHER.

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| **F 8. POTENTIAL RISKS OR BURDENS** |

1. EXPLAIN IF YOUR STUDY MAY CAUSE RISKS/ BURDENS TO PARTICIPANTS/ INCIDENTAL PERSONS/ A PARTICULAR COMMUNITY (POSSIBILITY OF DISTRESS OR STRESS/ POSSIBILITY OF REVEALING IDENTITY / DISCLOSURE OF ILLEGAL ACTIVITIES/ CULTURAL OR SOCIAL THREATS, ETC.)

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1. IF SO EXPLAIN HOW THE RESEARCHER/S WILL RESPOND TO POSSIBLE RISKS OR BURDENS.

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| **F 9. REWARDING PARTICIPANTS/INSTITUTIONS** |

IF THE RESEARCHER IS INTENDING TO REWARD THE PARTICIPANTS OR AN AFFILIATED INSTITUTION/ORGANISATION PLEASE INDICATE WHAT TYPE OF REWARD (MONETARY /MATERIAL) REWARD WILL BE GIVEN AND WHY.

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| G: FUNDING INFORMATION |

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| **IS THE RESEARCH BEING FUNDED OR WILL FUNDS BE APPLIED FOR?**  | **YES: NO:** |
| **IF YES PROVIDE DETAILS OF THE FUNDING AGENCY AND GRANT NUMBER** |  |

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| H: SIGNATURES |

 I/ WE WHOSE SIGNATURES APPEAR BELOW UNDERTAKE TO:

1. INFORM AND GIVE REASONS TO ERCSSH IF THE RESEARCH IS POSTPONED OR DISCONTINUED
2. REPORT TO ERCSSH IF :
3. ANY SERIOUS OR ADVERSE EFFECTS ON PARTICIPANTS
4. CHANGE IN RESEARCH TEAM
5. CHANGE IN METHODS AND METHODOLOGY
6. ANY UNFORESEEN EVENT/S THAT AFFECT ETHICAL ACCEPTABILITY OF THE STUDY
7. TO MAINTAIN THE SECURITY OF DATA GATHERED
8. TO BE ABIDE BY ANY DECISIONS / CONDITIONS/ RECOMMENDATIONS OF ERCSSH ON GIVING ETHICAL APPROVAL

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| PRINCIPAL RESEARCHER’S SIGNATURE: |   | DATE: |   |  |
| CO INVESTIGATOR 1 :  |   | DATE: |   |  |
| CO INVESTIGATOR 2 :  |   | DATE: |   |  |
| CO INVESTIGATOR 3 :  |   | DATE: |   |  |