

# 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)**

OFFICE USE ONLY

FILE NO

APPLICATION FOR ETHICAL REVIEW IN SOCIAL SCIENCES AND HUMANITIES

A: RESEARCH/PROJECT TITLE AND THE TIME FRAME

**A 1. RESEARCH TITLE / AREA OF RESEARCH**

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

DATE OF COMMENCEMENT FOR DATA COLLECTION  
EXPECTED DATE FOR COMPLETING DATA COLLECTION  
EXPECTED DATE FOR COMPLETION OF THE RESEARCH STUDY/  
PROJECT

DAY/MONTH/YEAR

B: INVESTIGATOR/S

**INSTITUTIONAL AFFILIATION**

**B 1. PRINCIPAL RESEARCHER**

NAME  
DEPARTMENT  
EMAIL  
PHONE/FAX

**B 2. CO RESEARCHERS/ ASSISTANTS**

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

USE ADDITIONAL SHEETS IF NECESSARY

**B 3. RESEARCHING WITH VULNERABLE GROUPS**

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.

ALL CO-RESEARCHERS/ ASSISTANTS HAVE READ THE RELATED DOCUMENTS AND ARE IN AGREEMENT TO ABIDE BY ERCSSH'S GUIDELINES.

SIGNATURE..... DATE.....

C: Post graduate students/ undergraduate students

**C 1. PRINCIPAL RESEARCHER**

POST GRADUATE STUDENT <input type="checkbox"/>	UNDERGRADUATE STUDENT <input type="checkbox"/>
FIRST NAME:	FAMILY NAME:
UNIVERSITY:	
DEGREE ENROLLED IN:	
REGISTRATION NUMBER:	
NAME OF SUPERVISORS/S:	DEPARTMENT/FACULTY: ORGANISATION:
POSTAL ADDRESS (STUDENTS ONLY) :	
PHONE:	EMAIL:

**C 2. SUPERVISOR/S**

DESIGNATION:	TITLE:
FIRST NAME:	FAMILY NAME:
DEPARTMENT/FACULTY:	ORGANISATION *:

POSTAL ADDRESS:				
PHONE:		EMAIL:		
COPIES OF CORRESPONDENCE REQUIRED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RESEARCH TOPIC APPROVED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ERC APPLICATION & DOCUMENTS READ & APPROVED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SIGNATURE /S				

**D: RESEARCH/PROJECT DETAILS**

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

**D 2. SIGNIFICANCE OF THE STUDY**

**D 3. OBJECTIVES OF THE STUDY**

- 1.
- 2.
- 3.
- 4.
- 5.

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

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

E: RESEARCH/PROJECT METHODS/METHODOLOGY

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

**E 1 a. TYPE OF DATA**

QUANTITATIVE	YES/NO
QUALITATIVE	YES/NO

**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	

**E 2. SECONDARY DATA**

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

**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.

**E 4. STORAGE OF DATA**

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:

.....  
.....  
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**

**F: PARTICIPANT INFORMATION**

**F 1.. PARTICIPANTS INFORMATION:**

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.

**F 2. SELECTION**

**BASIS FOR SELECTION**

**METHOD OF SELECTION**

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

\*IF PARTICIPANTS HAVE SPEECH DISABILITIES OR TRANSLATION IS NEEDED

**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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- 2. ELECTRONIC CORRESPONDENCE:

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.....

**F 4. INFORMATION PROVIDED TO PARTICIPANTS**

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

**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.

**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.

**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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2. 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.

G: FUNDING INFORMATION

**IF YES PROVIDE DETAILS OF THE FUNDING AGENCY AND GRANT NUMBER**

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 :
  - I. ANY SERIOUS OR ADVERSE EFFECTS ON PARTICIPANTS
  - II. CHANGE IN RESEARCH TEAM
  - III. CHANGE IN METHODS AND METHODOLOGY
  - IV. ANY UNFORESEEN EVENT/S THAT AFFECT ETHICAL ACCEPTABILITY OF THE STUDY
3. TO MAINTAIN THE SECURITY OF DATA GATHERED
4. TO BE ABIDE BY ANY DECISIONS / CONDITIONS/ RECOMMENDATIONS OF ERCSSH ON GIVING ETHICAL APPROVAL

PRINCIPAL RESEARCHER'S SIGNATURE:	DATE:	
CO INVESTIGATOR 1 :	DATE:	
CO INVESTIGATOR 2 :	DATE:	
CO INVESTIGATOR 3 :	DATE:	



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