

PROJECT ETHICAL APPROVAL APPLICATION FORM

Section A

Project Title					
Project No. (if applicable)					
Project Start Date (if appli	cable)				
Principal Investigator (PI): (in case of student project, the project supervisor and student details should be recorded)	Name (Staff, Supervis Researcher) Student Name (if any) Faculty/ Institu Student ID	·			
recorded)	(if any) Staff Email				Staff Ext
Project Type			Deta	nils (Please Sp	pecify)
Staff (External Funding)		RG	GRG	URG	Consultancy
Staff (Internal Funding)		AI C	Otibi	SURGE	SUSF
Student		Und	dergraduate	Masters	PhD
External Applicant		Und	dergraduate	Masters	PhD
Staff (No funds)					



Section B

Project Summary (Short description of the nature of the project and the methodology to be used). No more than 150 words
Section C
Provide information of any possible ethical issues in this project. Otherwise, type "No ethical related issues" and go to section F
Section D
Provide details of how participants will provide consent for their involvement in this research.
Section E
Provide details of how the confidentiality of participant's will be maintained.
Section F

Attach the relevant documents:

- 1. Research proposal
- 2. Questionnaire to be used for Survey.
- 3. Participants Consent Form (*in case the project has ethical issues*) a formal template is attached below for modification if needed.
- 4. Ministry of Higher Education, Research and Innovation letter (only in the case of external applicant)



Section G

Confirm that the research does not involve any chemical or bio-safety hazards. Please mention (if any)	

Section H

Applicant Signature:

Date:

PARTICIPANTS CONSENT FORM*

Research Study/Project Title:

Researcher Name:

This is to certify that the researcher of this above mentioned study/project, from (Type Institution Name), has informed me and I confirm on the following:

- 1. I voluntarily agree to participate in the research study.
- 2. I know the purpose of the study.
- 3. I am aware of the nature of my involvement and it has been fully explained to me.
- 4. I understand I have the right to withdraw at any time.
- 5. I understand that all information that I provided, will be treated in confidentially.



6. I FULLY UNDERSTAND THE ABOVE TERMS.

	Participant Signature:	Date:
Researcher Signature: Date:	Researcher Signature:	Date:

*NOTE: This consent form to be modified by the researcher according to the research needs.