PROJECT ETHICAL APPROVAL APPLICATION FORM

Section A

**Project Title**

**Project No. (if applicable)**

**Project Start Date (if applicable)**

**Principal Investigator (PI):**
(in case of student project, the project supervisor and student details should be recorded)

<table>
<thead>
<tr>
<th>Name (Staff, Supervisor, Researcher)</th>
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</thead>
<tbody>
<tr>
<td>Student Name (if any)</td>
</tr>
<tr>
<td>Faculty/ Institution</td>
</tr>
<tr>
<td>Student ID (if any)</td>
</tr>
<tr>
<td>Staff Email</td>
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<tr>
<td>Staff Ext</td>
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</tbody>
</table>

**Project Type**

- **Staff** (External Funding)
- **Staff** (Internal Funding)
- **Staff** (No funds are required)
- **Student** (specify: Undergraduate, Masters, PhD)
- **External Applicant** (specify: Undergraduate, Masters, PhD, Other)

**Details (Please Specify)**

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

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 confidentiality.
6. I FULLY UNDERSTAND THE ABOVE TERMS.

Participant Signature:  
Date:

________________________________________  ________________________________

Researcher Signature:  
Date:

________________________________________  ________________________________

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