SCHOOL OF GRADUATE STUDIES, RESEARCH AND ENTREPRENEURSHIP (SGSRE)
University of Technology, Jamaica

Exts: 3204/3139/3124 **Email: sgsre@utech.edu.jm**

Application for the Ethics Approval of Research Involving Human Subjects

1. SHORT TITLE OF PROJECT (limit 150 characters-see Guidelines)

xfhshrshrsrs
xfbndrhrethre
cgnfdhrd

2. APPROVAL FROM ANOTHER ETHICS COMMITTEE

Has this project been submitted (or will it be submitted) to another Ethics Committee for approval? Yes ■ No □

If YES, name the committee(s), and give the status of each application.
(Attach copies of correspondence with each Sub-Committee)

Name of Ethics Committee and Institution	Application Reference No.	Approved/Pending/Rejected/ To be re-submitted (select one)
fxbsrhrs		

3. PRINCIPAL SUPERVISOR

Name: Title/first name/family name	dgjthjetd
Qualifications & position held:	dfherhre
Organizational unit & mailing address:	fxbndethe
Telephone and Fax:	fsbhsr
Email address:	

4. STUDENT RESEARCHERS (Postgraduate only)

Name: Title/first name/family name	
Qualifications:	
Organizational unit & mailing address:	
Telephone and Fax:	
Email address:	

Name: Title/first name/family name	
Qualifications:	
Organizational unit & mailing address:	
Telephone and Fax:	
Email address:	

Copy table and repeat for each additional students.

5. STUDENT RESEARCH (Undergraduate)
Is this a final year project of a student of the University of Technology, Jamaica?
Yes ☐ No ☐

If YES, complete the following:

	Student ID No: _____
Name of student:	
Course of study:	
Research Supervisor:	

6. ESTIMATED DURATION OF PROJECT (dd/mm/yy)

This is the period during which you anticipate contact with participants, their personal records, or the handling of human tissue samples.

From: _____/_____/_____ To: _____/_____/_____

7. FUNDING
Is the project the subject of an application for funding to an internal or external grants body drug company, etc? Yes ☐ No ☐

If YES, answer the following questions:
(a) List the funding sources and give the status of each application. *(Attach copies of the primary application for funding)*

Funding Body	Approved/Pending/Rejected/To be submitted

(b) What is the exact project title on the funding application(s)?

8. PRIVACY LEGISLATION

Does the project involve access to personal information held by a Government department or agency, or private sector organization? Yes ☐ No ☐

If YES, will the access to personal information be **without** the consent of the individual(s) to who the information relates? Yes ☐ No ☐

If YES, to both of the above, specify the type of data to be accessed/collected, the departments/agencies holding the information, and the number of records involved.

Type of Data:
Department/Agency:

9. AIMS AND SIGNIFICANCE OF PROJECT

Provide aim(s) of the study and the potential merit(s)/significance of the study.

Aim(s):
Significance of the Study:

10. SPECIFIC TYPES OF RESEARCH

Does the proposed research involve any of the following?

		Yes	No
A.	People with an intellectual or mental impairment, temporary or permanent?	☐	☐
B.	People highly dependent on medical care, e.g. emergency care, intensive care, neonatal intensive care, terminally ill, or unconscious?	☐	☐
C.	Particular communities or groups such as convicts and captive groups?	☐	☐
D.	Use of human tissue samples, features, embryos and stem cells or cell lines?	☐	☐
E.	Other specific cultural, ethnic or indigenous groups?	☐	☐
F.	Assisted reproductive technology?	☐	☐
G.	Epidemiology research?	☐	☐
H.	Human genetic research?	☐	☐
I.	Any concealment or covert observations?	☐	☐
J.	Clinical trials	☐	☐
K.	Minors under the age of 18	☐	☐

NOTE: If YES, provide details (total number involved), of how consent will be obtained. Informed consent of parents or guardians and where practical, of children should be obtained in research involving children.

Number Involved:
Informed Consent:

11. RESEARCH PLAN AND PROCEDURES

Provide a clear description of the proposed research plan and procedures, by answering the following questions:

A. Where will the project be conducted? (Schools, hospitals, organizations, etc.)

B. What is the research design? (Case study, survey, experimental, ethnography, action research, correlational study, etc.)

C. Briefly describe the research method(s). (Questionnaire, interview, observation, document review, etc.)

D. Which participant group(s) will be used in the study and why have they been selected?

E. How will potential participants be approached to participate in the study? *(Attach copies of letters, advertisement, posters or other recruitment material to be used).*

F. How much time will potential participants have to consider the invitation to participate?

G. How will potential participants be selected? *(Describe sampling method(s) to be used).*

H. How many participants will be recruited and what is the rationale for that number?

I. What is required of participants? *(Attach copies of any survey, interview schedule, data sheets, etc., to be used).*

J. How will the privacy of the participants be protected?

12. RELEVANT EXPERIENCE OF RESEARCHERS

A. Have you conducted a similar type of protocol/survey before? Yes ☐ No ☐

B. When? (Please state): _____

C. Where? (Please state): _____

13. DATA MANAGEMENT

Briefly explain the ways in which you propose to ensure proper management or safety of data and findings.

14. ANALYSIS

Explain how information you receive will be analyzed, interpreted and reported. What specific approaches or techniques (statistical or qualitative) will be employed?

15. PROPOSED REVIEW OF PROGRESS, PARTICIPANT CARE, AND WINDING UP PROCEDURES

Describe the mechanisms that will be put in place with the following:

Review of progress of project

Duty of care to participants and research staff

Procedures for reporting adverse events

Premature cessation (termination) of project

Feedback of results to participants

I hereby declare that:
I have read and understand the University's Policy regarding human ethics. All personnel involved have adequate experience and training to perform the protocols. I will adhere to all protocols described in this document and report any modifications for the approval of the Research Ethics Committee.

Applicant's Name	Signature	Date
_____	_____	_____

I have read the applicant's proposal and I support the request for research ethics clearance.

Supervisor's Name	Signature	Date
_____	_____	_____

Official Use Only

Decision: Approved ❑ Not Approved ❑

_____ _____
Chairman, Research Ethics Committee Date

Revised: January 11, 2009