**The Aga Khan University**

**AGA KHAN UNIVERSITY**

**UNIVERSITY RESEARCH COUNCIL**

**ETHICS REVIEW APPLICATION FORM**

**FOR**

**SOCIAL SCIENCES, HUMANITIES AND ARTS (SSHA)- RESEARCH**

**Checklist**

This checklist aids researchers in preparing a complete application to help expedite review by the Ethics Review Committee (ERC). The following must be submitted to the ERC.

**An electronic copy of ERC application form with this checklist**

**Complete Project Information (Information sheet for participants)**

**Electronic copies of Project Instruments (e.g. questionnaire, interview or observation protocols).** *If the focus of project is development and validation of a tool then attach tools which will be employed to collect data for tool development*

**Electronic copies of Informed Consent forms in English, Urdu or any local language (as applicable)**

**Electronic copies of consent forms in English, Urdu or any local language (as applicable)**

**In case of a project involving children, a brief concept note (as applicable) and a separate consent form in English, Urdu or any local language (as applicable).**

**I have a copy of this application for my files**

**I have submitted the completed checklist, project information, application form and other related documents in one set of hard copy**

**Signature of Principal Investigator[[1]](#footnote-1): Date**

**Signature of Student Supervisor\* (if applicable): Date**

**Signature of DRC Chair/Departmental Chair: Date**

**Project Information**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **ERC Ref No (if known)** | **Source of funding/sponsor:** |
| **Name of Principal Investigator:**  **Designation** | **Department/Unit:** |
| **Name of Co-Investigator (s):**  **Designation** | **Department/Unit:** |
| **Name of Team Member (s)** | **Department/Unit:** |
| **Name of supervisor(s)** | **Department/Unit:** |
| **Expected duration of the project period** | **Proposed dates for data collection from**  **\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_** |
| **Phone:** | **Email address:** |

1. **PROJECT INFORMATION**
   1. State project question(s) or purpose/aim of the project (in brief).

|  |
| --- |
|  |

* 1. Outline research design or nature of project (including information about research methods, sampling, tools for data collection, time/phases of data collection, outcomes etc).

***Research design***

|  |
| --- |
|  |

***Sample/participant selection (If applicable)***

|  |
| --- |
|  |

***Tools for data collection***

|  |
| --- |
|  |

***Data collection schedule***

|  |
| --- |
|  |

* 1. What is the value or benefit of this project (e.g. expected outcomes, significance of project to participants, AKU community)?

|  |
| --- |
|  |

* 1. Outline ethical issues (if any) of the project, particularly in relation to participants and/or other people (e.g. invasion of privacy, mental stress, possible embarrassment, anxiety, discomfort etc), and details of how you will respond to such risks.

|  |
| --- |
|  |

1. **CONFLICT OF INTEREST**

Currently or during the term of this study, does any member of the research team or his/her family member have or expect to have:

A personal financial interest in or personal financial relationship (including gifts of cash or in-kind) with the sponsor of this study or with an entity engaged in the performance of this project in any manner.

Yes ( ) No ( )

1. **PARTICIPANT DETAILS**
   1. Who are intended participants? Also specify number if required.

|  |
| --- |
|  |

* 1. Where will participants be recruited from? What is the source population?

|  |
| --- |
|  |

* 1. What is the sampling strategy?

|  |
| --- |
|  |

* 1. Other relevant details about participant(s) (e.g. inclusion and exclusion criteria)

|  |
| --- |
|  |

1. **PROCEDURAL DETAILS**
   1. Briefly describe procedures/methodology as they affect participants (e.g. time required for completion of a questionnaire, participation in interview or focus group discussion, observation of teaching or direct observation of behaviour and interactions).

|  |
| --- |
|  |

* 1. Does project involve any of the following:
     1. Identification procedures e.g. tape/video recording, photography?

Yes ( ) No ( )

If *yes:* is it;

Audio Tape ( ) Video Tape ( ) Photography ( )

How would the procedures enhance quality of results/findings?

|  |
| --- |
|  |

* + 1. Deception of participants at any stage? Yes ( ) No ( )
    2. Accessing confidential personal data prior to consent of participant(s)?

Yes ( ) No ( )

* + 1. Obtaining information from another party (e.g. employer, school principal) which requires identification of participant(s)?

Yes ( ) No ( )

* + 1. Does project involve ethnographic methods?

Yes ( ) No ( )

* + 1. Does project involve observational methods?

Yes ( ) No ( )

* 1. Does this project involve another institution (e.g. university, education system, school)? Yes ( ) No ( )

If yes, have you obtained permission from that institution to conduct the project?

Yes ( ) No ( ) in process ( )

* 1. Is permission needed from higher authorities for the study (e.g. IRB, secretary education)? Yes ( ) No ( )

If yes, have you obtained permission from that institution to conduct the project?

Yes ( ) No ( ) in process ( )

1. **INFORMED CONSENT**
   1. How will you inform participants about the study (e.g. invitation letter, information sheet, social media)?

|  |
| --- |
|  |

* 1. How will you obtain a participants’ agreement to be involved in the project? (Please explain if a consent form is not included with this form.)

|  |
| --- |
|  |

* 1. Will the project require co-operation of a gatekeeper for initial access to groups or individuals to be recruited?

|  |
| --- |
|  |

* 1. Does your project involve children or young people under age of 18 or vulnerable by virtue of their status within a particular institutional setting? (e.g. students at school; disabled people; members of a self-help group; residents of a nursing home, prison, or other institution where individuals cannot come and go freely, female participants in rural areas, special need young adults, people with certain disabilities).

Yes ( ) No ( )

If, yes, specify below:

* + 1. How will you obtain permission of parent(s) and/or guardian (s)? (attach consent form)

|  |
| --- |
|  |

* + 1. Will you obtain assent from the child or young person, and if so, how will this be done (attach assent form)?

|  |
| --- |
|  |

* 1. What benefits, if any are expected by participants upon their contribution in this study?

|  |
| --- |
|  |

* 1. Inducements for participation. Describe inducements to participate, monetary or non-monetary. If monetary, specify amount and schedule for payments and how this will be prorated if the subject withdraws (or is withdrawn) from the study prior to completing. For compensation in foreign currency, provide a US$ equivalent. Provide evidence amount is not coercive.

|  |
| --- |
|  |

* 1. Is there any cost for participants (e.g. travel, parking, devices, and professional fees)? If no costs to participants other than their time to participate, indicate this.

|  |
| --- |
|  |

1. **IDENTIFIERS**

Will you collect or receive any following identifiers? Does not apply to consent forms.

|  |  |
| --- | --- |
| Check all that apply. |  |
| 1. Names |  |
| 1. Telephone numbers |  |
| 1. Data directly related to an individual, including birth, admission and discharge date. |  |
| 1. Fax numbers |  |
| 1. Electronic mail addresses |  |
| 1. Others |  |
| 1. None |  |

1. **CONFIDENTIALITY DETAILS**
   1. How will you protect the participants’ confidentiality (e.g. pseudonyms in case of qualitative inquiry, aggregate scores for quantitative data)?

|  |
| --- |
|  |

* 1. How will you ensure that confidentiality of data you collect will be maintained (e.g. only researchers and ethics committee and, if agreed upon, sponsors will have access to data)?

|  |
| --- |
|  |

* 1. How will data be stored safely during and after the project (e.g. in a locked cabinet, password protected files)?

|  |
| --- |
|  |

1. **RECIPROCITY**

How will you reciprocate with participants (both individuals and institutions, if involved) for their involvement in project (e.g. sharing a copy of the final study report/summary of findings or thank you letters)?

|  |
| --- |
|  |

*If you are unable to provide any of the above documents, provide an explanation.*

1. **OTHER INFORMATION**

Provide other information that may facilitate the ethics review process

We, agree to conduct this research in accordance with ethical principles indicated in this approval form.

**Note: *Principal Investigators, Co-Investigators, Team members or Supervisor are requested to sign this declaration.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role**  (e.g. Principal Investigator) | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Updated October 19, 2018*

*Approved February 22, 2019 (ERC-SSHA Meeting # 5)*

1. Note: In case of students, supervisor will be the principal investigator [↑](#footnote-ref-1)