Ethics Application Form for Sociology Graduation Projects

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| Project title | |  | | | |
| Project Team | | | | | |
| List the names and matriculation numbers of all team members | | | | | CITI course completed  (‘Yes’ or ‘No’) |
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| Project Type | | | | | |
|  | | | | | Indicate ‘Yes’ or ‘No’ |
| Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), surveys, interviews or observation of public behaviour, in which information obtained is not identifiable directly or through identifiers linked to the subjects. Any disclosure of the human subjects' responses outside the research would not put the subjects at risk of harm (criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation). | | | | |  |
| Research involving observations of a public behaviour in a public setting, without participation from any of research team | | | | |  |
| Research involving identifiable subjects who are elected or appointed public officials, or candidates for public office. | | | | |  |
| Research using datasets and repositories that are already existing or publicly available | | | | |  |
| Project Information | | | | | |
| 1. | Briefly describe the background and the significance of the project. | | | | |
| 2 | State concisely and realistically what the project is intended to accomplish and/or what hypothesis is to be tested. | | | | |
| Methodology | | | | | |
| 1 | Describe in detail the study design and research methods to be used. | | | | |
| 2 | List all participants' related procedures, including a step-by-step description of what the participants will be expected to do. | | | | |
| 3 | What is the duration (number of hours, days or weeks) of subject involvement in the study? | | | | |
| 4 | Include details on how the collected data will be analysed and interpreted. | | | | |
| 5 | (a) Discuss the potential difficulties and limitations of the proposed procedures.  (b) Please provide information on how these limitations/difficulties faced may be minimised or overcome. | | | | |
| Study Population | | | | | |
|  | | | | | Indicate ‘Yes’ or ‘No’ |
| Healthy adult volunteers | | | | |  |
| University students in general | | | | |  |
| Minors (<21 years old and never been married) | | | | |  |
| Economically or educationally disadvantaged | | | | |  |
| Prisoners | | | | |  |
| Recruitment restrictions based on race profile | | | | |  |
| Hospital/Clinic patients | | | | |  |
| Persons highly dependent on medical care who may be unable to give consent | | | | |  |
| Adults who lack mental capacity | | | | |  |
| Pregnant Women | | | | |  |
| Deceased persons | | | | |  |
| Person whose autonomy might be prejudiced (e.g. in a dependent relationship with researchers or other third parties) | | | | |  |
| Others | | | | |  |
| Subjects Information | | | | | |
| 1 | Lower age limit | |  | | |
| Upper age limit | |  | | |
| 2 | Recruitment number | | Maximum number of subjects:  Number of adult men:  Number of adult women:  Number of minors: | | |
| 3 | What criteria must be met to participate in the study? | |  | | |
| What criteria would exclude someone from participating in the study? | |  | | |
| Recruitment | | | | | |
| 1 | How will you initially select and contact participants? | | | | |
| 2 | Will a list of potential research subjects be obtained? (For e.g. will potential subjects be selected from student records, medical records, or prison records? From whom will you obtain the permission to use these records? | | | | |
| 3 | Will you use any form of advertisement? [If yes, you must attach a copy of the advertisement(s). | | | | |
| 4 | Describe your screening procedures to determine if a subject qualifies for the study. | | | | |
| 5 | Explain the process of recruitment in detail. | | | | |
| 6 | Will research subjects be reimbursed? [If so, described the reimbursement details.] | | | | |
| 7 | Describe your plan for voluntary and/or involuntary withdrawal of participants from the study. | | | | |
| 8 | Do you have or anticipate any conflicts of interest (including financial or personal considerations) that may compromise the conduct of this study? If yes, provide details. | | | | |
| Data Collection | | | | | |
| 1 | Indicate the type(s) of data that you will be collecting. | | | | Indicate ‘Yes’ or ‘No’ |
| Questionnaires/surveys | | | |  |
| Interviews | | | |  |
| Observations | | | |  |
| Audio/video recordings | | | |  |
| Images (e.g., photographs, x-rays, etc.) | | | |  |
| Databases | | | |  |
| Public health records | | | |  |
| Others [If yes, please describe the type(s) of other data.] | | | |  |
| 2 | When you obtain the data, they will be | | | |  |
|  | Anonymous (without any identifiers that could link the data to a specific subject) | | | |  |
| Unlinked (collected with identifiers, but all identifiers/codes have been removed and destroyed) | | | |  |
| Coded (linked to a specific subject by a code-link rather than a direct identifier (e.g., name) | | | |  |
| Identified (linked to a specific subject by personal identifiers sufficient to identify a specific subject) | | | |  |
| 3 | When you store the data, they will be | | | |  |
| Anonymous (without any identifiers that could link the data to a specific subject) | | | |  |
| Unlinked (collected with identifiers, but all identifiers/codes have been removed and destroyed) | | | |  |
| Coded (linked to a specific subject by a code-link rather than a direct identifier (e.g., name) | | | |  |
| Identified (linked to a specific subject by personal identifiers sufficient to identify a specific subject) | | | |  |
| 4 | If you are collecting identifiable personal data, would they include the following types of data. | | | |  |
| N/A (anonymous study) | | | |  |
| Names | | | |  |
| NRIC Numbers/ FIN Numbers/ Passport numbers/ Driver's license numbers | | | |  |
| Facial images (e.g. in photographs or video recordings) | | | |  |
| Voice of an individual (e.g. in a voice recording) | | | |  |
| Fingerprints/ Iris images | | | |  |
| Mailing addresses | | | |  |
| Device identifiers and serial numbers | | | |  |
| Storage and Access of Data | | | | | |
| 1 | Where will the data be stored? *[The following is the required answer to this question. You must adhere to the answer below with your data.]*  Original hardcopy and electronic research data will be stored on a secure and password-protected or encrypted folder. | | | | |
| 2 | Who will have access to the data? | | | | |
| 3 | What will happen to the data after research completion? *[The following is the required answer to this question. You must adhere to the answer below with your data.]*  Original hardcopy and electronic research data will be stored for 10 years (after publication or completion of study, whichever is later) in line with NTU’s Research Data Policy on a secure and password-protected or encrypted folder. All published data (in publications or deposited on DR-NTU (Data) will be anonymised. The keys (or linkages) to the identification of research subjects will be kept encrypted or password protected. | | | | |
| 4 | Will data identifying the subjects be made available to anyone other than the GP student(s) and supervisor? | | | | |
|  |  | | | |  |
| Risks and Benefits | | | | | |
| 1 | What are the anticipated benefits to human subjects participating in this study? Indicate "Nil" if none. | | | | |
| 2 | What are the anticipated risks and discomforts to subjects participating in this study? Indicate ‘Yes’ or ‘No’ | | | | |
|  | Personal or sensitive information in surveys or interview | | | |  |
|  | Use of audio or video for data collection | | | |  |
|  | Psychological, social, economic, legal risk | | | |  |
|  | Major changes in diet, exercise, or sleep | | | |  |
| If you have checked any of the risks above, please describe the nature and degree of risk (or harm), and how it is being minimized. | | | | |
| Informed Consent | | | | | |
| 1 | Will you obtain consent from each participant? (Indicate ‘Yes’ or ‘No’) | | | | |
| 2 | 1. Explain in detail when and where subjects will be approached to obtain informed consent. 2. How will you obtain consent from the subjects?   *Consent could be written consent (signatures), verbal consent or implied consent. Please describe* | | | | |
| 3 | Summarise the consent procedure. Explain the steps you will take to minimize coercion and undue influence. | | | | |
| 4 | If any of your subjects do not speak English, explain how the person obtaining consent will communicate with the participant in a language understandable to the subjects. | | | | |
| Assurance Statement | | | | | |
|  |  | | | | Indicate ‘I agree’ or ‘I do not agree’ |
| 1 | I will not initiate this study until I receive approval notification from the Sociology Ethics Committee. | | | |  |
| 2 | I will conduct the research according to the approved protocol described in this form, and will *not* initiate any change in the protocol without prior written approval from the Sociology Ethics Committee. | | | |  |
| 3 | I will maintain all relevant study records and signed consent documents in accordance with NTU policy, and recognize that the NTU staff and regulatory authorities may inspect these records. | | | |  |
| 4 | I will promptly report any suspected offence or contravention, unexpected or serious adverse events, unanticipated problems or incidents that occur in the course of this study to my supervisor and the Sociology Ethics Committee. | | | |  |
| 5 | I understand that failure to comply with all applicable regulations, institutional and NTU policies and requirements may result in the suspension or termination of this study, which may affect my ability to graduate on time. | | | |  |
| 6 | I declare that there are no existing or potential conflicts of interest (financial or other) for any of the study team members participating in this research study and their immediate family members. If there are, I have declared them in the relevant section of this application form. | | | |  |
| Supporting Documents | | | | | |
| Have you attached the following documents? (Indicate ‘Yes’ or ‘No’ or “NA”) | | | | | |
| 1 | Consent statement (verbal / written) / Participant information sheet | | | |  |
| 2 | Survey / Questionnaire / Interview script | | | |  |
| 3 | Advertisement / other recruitment materials (if applicable) | | | |  |
| 4 | Other documents | | | |  |
| Declaration by the Project Team | | | | | |
| I/we confirm that all the information provided herein is true and accurate at the time of submission. I/we have the ultimate responsibility for the conduct of the study, the continued ethical acceptability of the study, and the protection of the rights and welfare of the research subjects. I understand that research studies that are granted exemption are not subject to annual continuing review. After initial review, if any amendments are made to this study, I/we will submit the revisions to the Ethics Committee for review and approval prior to initiating any change. | | | | | |
| Name of the team members | | | | Signature | Date |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
| Declaration by the Supervisor | | | | | |
| I acknowledge that the student has set out reasonable guidelines for conducting GP research in an ethical manner.  I agree to take responsibility for ensuring the student’s compliance with ethics guidelines stated in the form. Should the student fail to comply by the ethical guidelines, or change the direction of their project significantly, I shall ensure that they re-submit an application for approval. | | | | | |
| Supervisor’s name | | | | Signature | Date |
|  | | | |  |  |
| Approval by the Sociology Ethics Committee | | | | | |
| The Sociology Ethics Committee has considered the ethical aspects of this project. The  committee recommends that the project be:  Approved  Needs clarification  Not approved | | | | | |
| Name of the committee member | | | | Signature | Date |
|  | | | |  |  |