

**Eastern Mediterranean University**

**Scientific Research Ethics Council-**

**The Sub-Council of Architecture**

# Scientific Research Ethics Application Form

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| **RESEARCH TITLE:** | | | | |  |
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| **TYPE OF RESEARCH:** | | | | |  |
|  Master thesis  Name of the supervisor:  Name of the co-supervisor (if any): | | | | |  |
|  PhD thesis  Name of the supervisor:  Name of the co-supervisor (if any): | | | | |  |
|  Individual Research Project | | | | |  |
|  Other (Explain and if there will be multiple outputs of the research explain each) :............................................ | | | | |  |
| **CORRESPONDING RESEARCHER:** | | | | |  |
| Name and surname: | | | | |  |
| Title: | | | | |  |
| Job: | | | | |  |
| Affiliation (The institution in which the researcher works): | | | | |  |
| **Contact Information:** | | | | |  |
| Postal Address: | | | | |  |
| Telephone:.............................. Mobile:............................. Fax:.............................. | | | | |  |
| E-mail:....................................... | | | | |  |
| **OTHER RESERACHERS:** | | | | |  |
| Name and surname | Title | Job | Affiliation | Telephone/email | Signature |
| Supervisor if applicable: |  |  |  |  |  |
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| **Data collection dates:**  Beginning:…………………..  End:………………….. | | | | |  |

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| **The places/spaces and institutions in which the data will be collected:** |
| **1.**………………………………………………………………………………….. |
| **2.** ………………………………………………………………………………….. |
| **3.** ………………………………………………………………………………….. |
| **4.** ………………………………………………………………………………….. |
| **5.** ………………………………………………………………………………….. |
| **Satus of the application:**   * New application * Revision * Change * Continuation of a previously approved project |
| **Research outline:**  *(Except the “Selected references”, this outline should not be less than 500 words and should not be more than 2000 words. Consider that the readers might not be specialized on this subject and write a short and simple text. Give information for each heading and do not leave any heading without information please.)*   |  | | --- | | **Subject:** | | **Aim**: | | **Content:** | | **Methodology** (Place of research, sample of research, criteria for inclusion/exclusion, procedure, analysis and evaluation methods etc.) | | **Selected references**: | | **Expected contributions of this research to your area or society (maximum one paragraph):** | |

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| **Does the research require giving one sided/wrong information to the volunteers? Or is it necessary to keep the aim of the research disguised?**   Yes  No  If yes explain:  ……………………………………………………………………………………………  …………………………………………………………………………………………… ……………… |
| **Does the research contain any questions which disturb the physical and psychological health of the volunteers?**   Yes  No  If yes please explain:  ……………………………………………………………………………………………  …………………………………………………………………………………………… …………… |
| **Are the individual rights and privacy of volunteers protected\*?**   * Yes  No     **(\*)Important Warning:** *Names of the volunteers are not recorded/taken within many questionnaires in order to achieve sincere answers. If your research is also like this, please give the consent form of your research (the agreement form in which the research characteristics and the rights of the volunteers are accepted and signed by the volunteers and the researcher) to the volunteers at the beginning, ask them to read and sign them, collect them back, and distribute the questionnaires to the volunteers only after the completion of this procedure. Do not ask volunteers to write their names on the questionnaires. Consequently, when the questionnaires are taken back, the anonymity can be achieved. In other words, when the questionnaires are taken back, it will be guaranteed that it is impossible to differentiate the forms used by different volunteers. However, if it is necessary to reach some volunteers later, nicknames can be taken from the volunteers.*    I have read the above warning and understood.   * Yes  No |
| **Do the volunteers include underage, restricted or disabled individuals?**   Yes  No |
| **Are you giving sufficient, clear and understandable information to the volunteers about the research subject?**  Explain:………………………………………………………………………… ……………………………………………………………………………………  …………... |

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| **What are the precautions you have taken to eliminate threats which may disturb volunteering participation and which may abuse the volunteers?**  Explain:………………………………………………………………………… ……………………………………………………………………………………  …………... |
| **Are the conditions which determine inclusion and exclusion of the volunteers clearly defined?**  Explain:……………………………………………………………………………… …………………………………………………………………………………………... |
| It is compulsory to include the matters covered in the last three questions above and a Consent Form. For children under 18 years old to participate, a Child / Adolescent Form should be created in addition to the parental form. Is a consent form attached to this application file?   Yes |

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| **Population of research, sample size, method of sample size and sample type determination:**  **Explain please.**  **Expected number of volunteers: ………………….** | | |
| **Please sign the best options which describe the volunteers (it is possible to sign more than one options).**   * Children under school age * Primary school students * High school students * University students * Children  Adults  Adolescents * Old people * Men * Women * Workers of an institution * Unemployed people * Mentally disabled people * Physically disabled people  Prisoners and /or convicts  Other (specify):   ……………………………………………………………………………………………  …………………………………………………………………………………………… | | |
| **Have written permission been obtained for copyrighted images?**   Yes  Add the permissions needed for the use of these images to this form  **From the applications listed below, mark those that will be included in the study.**   Questionnaire\*   * Interview * Observation * Test at computer medium * Visual recording * Sound record * Other (please specify): …………………………………………………………………………………………   ……………………………………………………………………………………………  (\*) **IMPORTANT WARNING:**  If the research (questionnaire or interview) includes visual or auditory recording, it is imperative to include a copy of them to this application (voices or videos on CD). | | |
| **RESEARCH BUDGET:** | | |
|  There is no expense in this research. | | |
|  There are expenses for the research and they are shown in the table below. | | |
| **If there are research expenses, specify the type of coverage of the research expenses:** | | |
|  Will be covered by the researcher/reserachers. | | |
|  Project support from the official institution will be received / received.    (Please add a letter about “Commitment on No Interest Relation" between the parts.) | | |
| Give information about the institution and specify the content of support: | |  |
|  Project support will be taken from private sector.    (Please add a letter about “Commitment on No Interest Relation" between the parts.) | |  |
| Specify company / company information and content of support: | |  |
| **Explain research budget:** | |  |
| **Expenses** | **Cost** |  |
|  |  |  |
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|  |  |  |
| **Total:** |  |  |
| **\***Please add proforma invoices to your application. | |  |

I declare that the information I gave above is correct.

**Corresponding researcher’s,**

**Name:**

**Surname: Date:**

**Signature:**