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|  | http://ww1.emu.edu.tr/emu_v1/media/assets/images/logo/emu-dau-logo.png |  **Eastern Mediterranean University****Research and Publication Ethics Board****(BAYEK)****bayek@emu.edu.tr** |

**Research Ethics Eligibility Application Form**

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| **I. INFORMATION ABOUT THE APPLICANTS** |
| **1. Principal Researcher (Research Coordinator)** |
| Name-Surname: |
| Title:  | Position: |
| Place of Duty (Institution and Unit): |
| Address: |
| Phone: | E-mail: |
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| **2. Other Researchers** |
| Title and Name-Surname | Place of Duty (Institution and Unit) | Signature |
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| **II. NATURE OF RESEARCH** |
| 🞏 Research Project | 🞏 Ph.D. Thesis | 🞏 Postgraduate Thesis | 🞏 Undergraduate Graduation Project |
| 1. Thesis Supervisor (title and name-surname): 2. Thesis Co-supervisor (if any) (title and name-surname):3. Graduation Project Supervisor (title and name-surname): 3. Other (please specify): |
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| **III. DATA COLLECTION PROCESS** |
| 1. Start and end date of Data Collection Process (approximate dates): |
| 2. Places, Institutions and Organizations which Data Collection is planned:   |
| 3.Persons responsible in the Data Collection Process (More than one options can be selected):🞏 Researcher(s) 🞏 Trained Surveyors🞏 Students 🞏 Other (specify): |
| 4. Number of Individuals Assigned: |
| **IV. APPLICATION STATUS** |
| 🞏 New application 🞏 Follow-up of a previously approved project  Date and Reference No. of Approval: 🞏 Repeat Application (In an event of a repeat application submitted for a research which had been previously examined and rejected by an Ethics Board at EMU, the researcher must specify the date and reference number of the rejection decision of the relevant Ethics Board. In this case, the application is to be considered as a new application and the durations specified in the By-law and this form will be renewed.)----------------------------------------------------------------------------------------------------------- |
| **V. CONFIDENTIALITY OF THE RESEARCH** |
| 1. Will the identity information of the participants be recorded in any way? 🞏 Yes 🞏 No2. If yes, then:a) Please specify the reason:…………………………………………………………………………………………….…………………………………………………………………………………………….b) If the identity information are to be recorded, specify the method to be used in keeping the data anonymous:……………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| c) Do you agree to keep the identity information and personal data of the participants undisclosed? 🞏 Yes 🞏 NoNote: Actions considered illegal by laws are not within the scope of confidentiality. |
| **VI. CONTENT OF THE RESEARCH** |
| 1. Research Title: |
| 2. Research Topic: (max. 50-100 words) |
| 3. Objective(s): (max 50 -100 words) |
| 4. Research Method and Sampling (study group): (Please explain) 5. Explain the sampling selection method, inclusion/exclusion criteria:Important: Ensure that you specify if the sample group includes one or more of the below-mentioned groups.(*clinical populations; individuals under the age of 18; vulnerable individuals such as persons with mental or physical disorders, convicts, elders, juvenile criminals; political, ethnic or religious groups/minorities).* |
| 6. Tools/Methods of Data Collection:Choose the appropriate option(s):a. 🞏 Face-to-face Questionnaire – Scale (Specify reference information)  Reference Info:b. 🞏 Online Questionnaire (Specify reference information if a scale is to be applied.): ………………….c. 🞏 Face-to-face Interview d. 🞏 Online Interviewe. 🞏 Observation (specify observation tools, if any): ……………………………..f. 🞏 Experiment g. 🞏 Video Record h. 🞏 Audio Recordi. 🞏 Printed Data-base j. 🞏 Electronic Data-basek. 🞏 Other (please specify, ex: *Anthropometrical Measurements*): ………………………………. |
| 7. Please specify the application duration of the data collection tool(s): |
| **VII. THIS SECTION IS TO BE FILLED IN ONLY BY RESEACHERS WHO WILL CONDUCT RESEARCH ON HEALTH AND BIOLOGY SCIENCES** |
| 1. Are biological materials to be used in the research?🞏 Yes 🞏 No |
| 2. If yes, choose the appropriate option(s) that describes the quality of the biological materials to be used: 🞏 Biological data recorded as a result of data collected in routine examination and treatment process 🞏 Medical imaging🞏 Biological material to be collected by the researcher(s) or authorities contributing the research |
| **3. Do you plan to store the collected biological material?**🞏 Yes 🞏 No |
| **4. If yes, specify the reason, duration and conditions of the storing:** |
| **VIII. INFORMATION ABOUT THE PARTICIPANTS** |
| 1. Are there any planned precautions to be taken in terms of protecting the health of participants when required? If any, specify: |
| 2. Does the research require to provide biased/wrong information, or keep the aim of the research fully confidential in any way?🞏 Yes 🞏 NoIf yes, please explain: ............................................................................................................................................................................................................................................................................................ |
| 3. Does the research contain question that may threaten the physical and mental well-being of the participants?🞏 Yes 🞏 NoIf yes, please explain: ................................................................................................... |
| 4. Is clear and understandable explanation regarding the nature of the research being provided for the participants?🞏 Yes 🞏 No |
| 5. Are the participation and removal conditions of the participants clear and understandable? Are the participants informed on this matter?🞏 Yes 🞏 No(Please add BAYEK’s relevant “Participant Debrief and Voluntary Participation Form” to your application.) |
| 6. Are there any elements/factors in your research that could compromise voluntary participation and potentially exploit participants?🞏 Yes (Please explain): ...........................................................................................................🞏 No |
| 7. What are the termination criteria to be applied in an event of an unexpected situation that would spoil the health/safety of the participants? Please specify: |
| **IX. RESEARCH BUDGET** |
| 1. Are there any expenses in the research? If any, explain. |
| 2. Is the research financially supported by an institution or an individual?🞏 Yes 🞏 No3. If yes, provide details on the relevant individual and/or institution: …………………………………………………………………………………………………………..….. |
| **We declare that we will not engage in any practices that serve the private interests of individual(s) and/or institution(s) providing financial support to the research in the planning, implementation, evaluation, and publication stages of this research.** |

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| **Are there any ethical issues not covered by this application form but concerning or worrying you specifically regarding your research proposal? If so, please specify these concerns:** |
| **X. COMPULSORY APPENDICES:** |
| 1. Data Collection Tools (questionnaire, interview question form etc.) If any, the Audio-Visual Stimulants (sexually explicit materials; mood triggers; cheating) (APPENDIX I). |
| 2. Adult Debrief and Voluntary Participation Form (18 and older)(The form will be submitted with the researcher’s signature and the participant(s) will sign the form during the research) (APPENDIX II\_A). |
| 3. Non-Adult Debrief and Voluntary Participation Form (age group between 11-17) (Assent Form- APPENDIX II\_B) |
| 4. If needed, ‘World Medical Association – Declaration of Helsinki” will be signed and submitted by the researcher(s). (APPENDIX III) |
| **XI. IMPORTANT:** |
| 1. This Application Form should be filled in full and submitted to the Ethics Sub-Board at least 20 working days prior to the data collection start date.  |
| 2. Any amendments to be made on the design or method of the research proposal require re-application. |
| 3. It is the responsibility of the researcher(s) to restore the collected data in accordance with the confidentiality rules and to prevent use of relevant data by unauthorized persons beyond the scope of this research. |
| 4. If needed, please refer to the relevant guidelines on conducting research with human participants prepared by American Psychological Association ([www.apa.org](http://www.apa.org)). Visit BAYEK website to access the Turkish versions of the regulations. Consult to your supervisor. |
| 5. “Ethical Approval” given by the Ethics Board does not mean that the other compulsory permits to be obtained from administrative bodies are granted automatically. |
| 6. The “Ethical Approval” documentation issued by the Ethics Board acts as a pre-consent given to begin the relevant study. It does not hinder the investigation of ethical violations that may arise in publications, theses, and other activities carried out during the actual stages of the research or using this study. |
| 7. This Application Form should be submitted with page numbers on each page and should be signed by the Principal Researcher, other researcher(s) (if any) and research supervisor(s) (if any).  |

**Principal Researcher:**

Name: Surname:

Date: Signature: