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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@emu.edu.tr**](mailto:bayek@emu.edu.tr) |

**Research Ethics Eligibility Application Form**

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| **NAME OF RESEARCH** | | | | | | |
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| **NATURE OF RESEARCH:** | | | | | | |
| 🞏 Postgraduate Thesis | | | | | | |
| 🞏 Ph.D. Dissertation | | | | | | |
| 🞏 Individual Research Project | | | | | | |
| 🞏 Other (Please describe):............................................ | | | | | | |
| **MAIN RESEARCHER:** | | | | | | |
| Name-Surname: | | | | | | |
| Title: | | | | | | |
| Position: | | | | | | |
| Place of duty (Division s/he is working at): | | | | | | |
| **Contact Information:** | | | | | | |
| Postal address: | | | | | | |
| Phone:.............................. GSM:............................. Fax:.............................. | | | | | | |
| E-mail:....................................... | | | | | | |
| **OTHER RESEARCHERS:** | | | | | | |
| Name-Surname | Title | Position | Division | | Phone/e-mail | Signature |
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| **Data Collection Dates:**  Start Date:…………………..  End Date:………………….. | | | | | | |
| **Places, Institutions and Organizations From Which Data Collection is Planned:** | | | | | | |
| **1.**………………………………………………………………………………….. | | | | | | |
| **2.** ………………………………………………………………………………….. | | | | | | |
| **3.** ………………………………………………………………………………….. | | | | | | |
| **4.** ………………………………………………………………………………….. | | | | | | |
| **5.** ………………………………………………………………………………….. | | | | | | |
| **Application Status:**  🞏 New application  🞏 Repeat Application (revision)  🞏 Amendment  🞏 Follow-up of a previously approved project | | | | | | |
| Summary of the research:*(It should not be less than 500 and more than 2000 words excluding “Selected References” section. Please explain briefly and in simplest way possible bearing in mind it will be read by people who are not experts in the field. Sufficient information should be provided for each heading and none of the spaces should be left blank.)*  |  | | --- | | Topic: | | Objective: | | **Scope**: | | **Method** (Place where the study will be conducted, sample, inclusion/exclusion criteria, scales, information regarding the reliability and validity of the scales, ways of process, analysis and assessment, etc.): | | **Selected References**\*: | | **Possible implications of this study for the field or society (maximum 1 paragraph):** |  (\*) *Original and Turkish references for the scales to be used in the study must be provided.* | | | | | | |
| Does the research require to provide biased/wrong information, or keep the aim of the research fully confidential in any way? 🞏 Yes 🞏 No  If yes, please explain: ………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | |
| Does the research contain question that may threaten the physical and mental well-being of the participants? 🞏 Yes 🞏 No  If yes, please explain: ……………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | |
| Are the participants’ personal rights and confidential information protected\*? 🞏 Yes 🞏 No  **(\*)Important Warning:** *It is seen as unnecessary to take/record the identity information of the participants in order to establish friendly responses in many survey/scale studies working with groups. If your study possesses this quality, the Voluntary Participation Form (the form where name surname and signature is compulsory in order to take informed consent) should be distributed separately prior to group implementation and made sure that it is read and signed and collected back; following this procedure, voluntary participant(s) should be given the questionnaire(s) and asked to fill in anonymously. Thus, once the questionnaire(s) are collected, the anonymity would be enabled; in other words, it would be ensured that what responses were given by which participant from the group would be unknown. Also, pseudonyms can be taken in case of the need to contact the participants again.*  I have read and understood the warning above.  🞏 Yes 🞏 No | | | | | | |
| Are underaged individuals, limited or disabled people participating in the research? 🞏 Yes 🞏 No | | | | | | |
| Is clear and understandable explanation regarding the nature of the research being provided for the participants?Please explain: ……………………………………………...................................... ……………………………………………………………............................................................................................................................................................................................................................................................................................................. | | | | | | |
| What kind of precautions have been taken against the threats that would spoil the voluntary participation and abuse the participants?Please explain: ……………………………………………...................................... ……………………………………………………………............................................................................................................................................................................................................................................................................................................. | | | | | | |
| Are the participation and removal conditions of the volunteers stated clearly?Please explain: ……………………………………………...................................... ……………………………………………………………............................................................................................................................................................................................................................................................................................................. | | | | | | |
| **It is compulsory to provide responses for the last three questions above and attach the Voluntary Participation Form for which a sample is provided on page 7 of the Form. Child/Teenager Form should be created in addition to the Parent/Guardian Form for studies where participants are under the age of 18. Is a Voluntary Participation Form of this quality attached to the application folder?**  🞏 Yes | | | | | | |
| Expected number of participants: …………………. | | | | | | |
| Please mark the options that best describe the participants (more than one option can be marked). 🞏 Pre-School Children  🞏 Primary School Children  🞏 High School Students  🞏 University Students  🞏 Children  🞏 Adults  🞏 Teenagers  🞏 Elderly  🞏 Men  🞏 Women  🞏 Employees in an Institution  🞏 Unemployed  🞏 Mentally Disabled Individuals  🞏 Physically Disabled Individuals  🞏 Prisoners and/or Convicted  🞏 Other (please specify): ………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | |
| Please mark the practices that would be used in the study. 🞏 Questionnaire/Scale\*  🞏 Interview  🞏 Observation  🞏 Implementing tests over computer setting  🞏 Video record  🞏 Audio record  🞏 Other (please specify): ………………………………………………………………………………………………………………………………………………………………………………………… (\*) IMPORTANT WARNING: *If the questionnaire/scale or the interview form involves practices or audio or video stimulants, a sample of each (audio or videos in CD format) must be added to the application folder. It is compulsory to add also the Foreign language scales planned to be adapted.* | | | | | | |
| **RESEARCH BUDGET:** | | | | | | |
| 🞏 There are no expenses in the research. | | | | | | |
| 🞏 There are expenses in the research and they are shown in the table below. | | | | | | |
| **If there are research expenses, please specify how they will be funded:** | | | | | | |
| 🞏 They will be funded by the Researcher/Researchers. | | | | | | |
| 🞏 Project support is/will be taken from an Official Institution.  (Please attach the Written Contract Proving that there is no conflict of interest to the Application Form.) | | | | | | |
| Please describe the Institution Information and scope of support: | | | | | | |
| 🞏 Project Support will be taken from Private Sector.  (Please attach the Written Contract Proving that there is no conflict of interest to the Application Form.) | | | | | | |
| Please describe Company/Firm information and scope of support: | | | | | | |
| **Please describe Research Expenses:** | | | | | | |
| **Expenditure Items** | | | | **Sum\*** | | |
|  | | | |  | | |
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|  | | | |  | | |
| **Total Budget:** | | | |  | | |
| **\***Please attach Pro forma Invoice to the Application Form. | | | | | | |

*I declare that I have read, understood the Eastern Mediterranean University Research and Publication Ethics Board Application Guide and information provided above is correct.*

**Main Researcher’s,**

**Name:**

**Surname:**

**Date:**

**Signature:**