**Ethics Committee**

**School of Humanities & Social Sciences**

**Temasek Polytechnic**

**ETHICS APPLICATION FORM COVER PAGE**

**INSTRUCTIONS**

The Ethics Committee (EC) in the School of Humanities & Social Sciences (HSS), Temasek Polytechnic (TP) reviews research involving human participants that are undertaken by HSS staff or students. The EC conducts a comprehensive evaluation of research proposals based on the four principles of HSS research policy: **(a) Adequacy of the informed consent, (b) Minimum risk evaluation, (c) Handling of research data and maintenance of confidentiality, and (d) Appropriate debriefing.**

Additionally, applicants are further advised to meet their own professionalism and integrity, and adhere to established ethical guidelines (e.g., the American Psychological Association [APA Ethics Code 2010, http://www.apa.org/ethics/code/principles.pdf], British Psychological Society [BPS Ethics Code 2014, http://www.bps.org.uk/what-we-do/ethics-standards/ethics-standards], Australian Psychological Society [APS Ethics Code 2007, [http://www.psychology.org.au/about/ethics/](https://psychology.org.au/about-us/what-we-do/ethics-and-practice-standards)]).

**REQUIRED DOCUMENTS**

Applicants are to **complete** the Ethics Application Form and **attach** other required documents along with it. Check all attachments included with this application:

***Mandatory***:

Ethics Application Form

Project Checklist to Qualify for Exclusion from IRB Review Form (To be scanned and attached as a separate file)

Appendix A: Short summary of the study (Maximum: 2 pages)

Appendix C: Informed consent forms

Appendix D: Script(s) of verbal instructions, briefing and debriefing information

***As Applicable:***

Appendix B: Information of additional investigators and/or supervisors

Appendix E: Surveys, questionnaires, interview or focus group questions

Appendix F: Testing and experimental scenarios and materials

Applicants shall send an electronic copy of this application form and relevant attachments to the EC email account, [hssethics@tp.edu.sg](mailto:hssethics@tp.edu.sg) and also **cc the email to** **all investigator(s) and supervisor(s) involved**. Please submit the application form and relevant appendixes in a single Microsoft Word File. Approved IRB forms from external organization may be attached as a separate file.

Applicants must wait for approval by the EC prior to commencement of any data collection for their research. **Students who commence data collection prior to ethics approval by the EC will be severely dealt with.** For further clarifications, please email the EC email account, [hssethics@tp.edu.sg](mailto:hssethics@tp.edu.sg)

**1. RESEARCH STUDY PARTICULARS**

|  |  |  |
| --- | --- | --- |
| **1.1** | **TITLE OF RESEARCH:** |  |

|  |  |  |
| --- | --- | --- |
| **1.2** | **SIMPLIFIED TITLE:**  (For briefing sheets and informed consent form): |  |

**2. PARTICULARS OF INVESTIGATOR(S)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PRINCIPAL INVESTIGATOR** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CO-INVESTIGATOR 1** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CO-INVESTIGATOR 2** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CO-INVESTIGATOR 3** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CO-INVESTIGATOR 4** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CO-INVESTIGATOR 5** | | |
|  | NAME: | | |
|  | TP Student/Staff ID: | Diploma Course: | |
|  | Email: | Contact Number: |  |

*Note: If there are more than 6 investigators in the research, please add details of additional co-investigators in Appendix B.*

**3. PARTICULARS OF SUPERVISOR**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPERVISOR** | | |
|  | NAME: | | |
|  | Email: | Contact Number: |  |
|  | School/Diploma: | | |

*Note: For student projects only. If this is a staff project, just indicate “Not Applicable”. If there is more than one supervisor in the research study, please include details of additional supervisor(s) in Appendix B.*

**4. DETAILS OF RESEARCH STUDY**

|  |  |
| --- | --- |
| **4.1** | **Research Participants** |
| 4.1.1 | State from where you will be recruiting your participants. If you intend to recruit from specific populations (e.g., minors, dyslexic participants, etc.), please provide details about the specific population(s) you intend to recruit. |
|  |  |
| 4.1.2 | How many participants are expected to be involved in your study? If you are recruiting from more than one population, please specify the number of participants for each population category. |
|  | **Total** #: |
| 4.1.3 | Describe how participants will be recruited. If you are recruiting participants via multiple channels, you will need to describe all of them. Also describe how the data collection session(s) will be scheduled with these participants. If you are going through a third party to recruit your participants (e.g., through an external organisation), describe clearly the third party’s role in the recruitment process. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.2** | **Informed Consent** | | |
| 4.2.1 | Does your population include minors (i.e., individuals below 21 years old), or individuals with diminished mental capacity? | Yes | No |
| 4.2.1.1 | Ifyou answered “No” to **4.2.1**, proceed to **4.2.2**.  If you answered “Yes” to **4.2.1**, please indicate whether you are requesting for wavier of parental or legal guardian consent. | Yes | No |
| 4.2.1.2 | Ifyou answered “No” to **4.2.1.1**, proceed to **4.2.2**.  If you answered “Yes” to **4.2.1.1**, please provide your justification for wavier of parental or legal guardian consent: | | |
| 4.2.2 | Are you requesting for wavier of informed consent? | Yes | No |
| 4.2.2.1 | Ifyou answered “No” to **4.2.2**, proceed to **4.2.3**  If you answered “Yes” to **4.2.2**, please provide your justification for wavier of consent: | | |
| 4.2.3 | Does the research involve deception? | Yes | No |
| 4.2.3.1 | Ifyou answered “No” to **4.2.3**, proceed to **4.2.4**  If you answered “Yes” to **4.2.3**, please provide the rationale for using deception, how informed consent will be carried out for the study, and how steps are taken to minimize the effects of using deception: | | |
| 4.2.4 | Describe how informed consent will be obtained (**Note**: You do not need to fill in this part if you answered “Yes” to **4.2.2**) | | |
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| **4.3** | **Research Methodology and Procedures** | | |
| 4.3.1 | Describe the purpose of the research, including the major hypotheses.  (150 words limit). | | |
|  | | |
| 4.3.2 | Which of the following describes the basic design of your research: | | |
| Experiment | Quasi-Experiment | Survey |
| Focus Group | Observational | Usability Test |
| Others (Please Specify): | | |
| 4.3.3 | What is the expected period of data collection? (e.g., 1 Jan 2014 till 15 Feb 2014) | | |
|  | | |
| 4.3.4 | How long will each individual data collection / intervention session take? | | |
|  | | |
| 4.3.5 | Clearly describe the procedures that are expected to take place during each data collection and/or intervention session. This would typically include the briefing, signing of informed consent, the study procedure itself, and the debriefing. Attach the informed consent form in Appendix C, and the briefing/debriefing scripts in Appendix D. | | |
|  | | |

|  |  |
| --- | --- |
| 4.3.6 | For each variable measured in the study, please **list** the measurement instrument(s) and/or materials used to measure the variable(s). Provide necessary details of the measurement instrument(s) in Appendix E or F where applicable. |
|  |
| 4.3.7 | Describe any compensation (money, gift, extra credit points, etc.) that will be offered to participants, including when the compensation will occur (at the end of the study, after completing survey, etc.) and how it will be delivered. |
|  |

|  |  |
| --- | --- |
| **4.4** | **Risks and Benefits** |
| 4.4.1 | List any potential benefits that participants may reasonably expect to gain through participation in the study (*Note: do not include extra credit or participation points here since it is not considered as a benefit of participation.)* |
|  |
| 4.4.2 | Describe any potential risks or discomforts that participants may reasonably expect to experience during the participation of the study, including physical, psychological, social, legal and economic risks. |
|  |

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| **4.5** | **Data Confidentiality** | | |
| 4.5.1 | Are you planning to collect personal information or particulars that might be potentially identifiable? | Yes | No |
| 4.5.1.1 | If you answered “No” to **4.5.1**, proceed to **4.5.2**  If you answered “Yes” to **4.5.1**, please provide the rationale for collecting personal information or particulars that might be potentially identifiable: | | |
| 4.5.2 | Describe steps made to maintain confidentiality and/or anonymity of participants’ responses and data – both in ***hardcopy*** as well as ***softcopy*** format. In your description, include (a) where data will be kept and for how long, (b) who will have access to the data and (c) how data will be disposed. | | |
| ***Steps to Ensure Confidentiality and/or Anonymity for Hardcopy Data:***  ***Steps to Ensure Confidentiality and/or Anonymity for Softcopy Data:*** | | |
| 4.5.3 | Are you planning to publicly disseminate the results of the study (e.g., public presentation, conference, publication)?  Yes  No  If YES, please indicate how the results will be presented. | | |
|  | | |

**5. DECLARATION OF RESEARCHER(S)**

|  |  |
| --- | --- |
| * I/We declare that all the information provided in this application form is accurate * I/We declare that all researchers of this research study are authorised to perform procedures described in this document; * I/We undertake to inform HSS EC of any changes to the proposed procedures or details given in this form subsequent to its submission (including change of contact details); | |
| Signature (Principal Investigator) | Date |
| Signature (Co-Investigator 2) | Date |
| Signature (Co-Investigator 3) | Date |
| Signature (Co-Investigator 4) | Date |
| Signature (Co-Investigator 5) | Date |

**6. DECLARATION by SUPERVISOR(S)**

*(To be completed by the supervisor(s) only if the principal investigator is a student)*

|  |  |
| --- | --- |
| I/We declare that:   * I/we am/are authorised to supervise procedures described in this document; * The investigators and assistants involved in this research have been fully briefed on procedures and relevant ethical considerations; * Adequate instructions have been given for participant welfare and post-research care and monitoring; * The staff members involved are appropriately qualified and competent for the task described. | |
| Signature | Date |

**OFFICIAL USE ONLY: DO NOT COMPLETE ITEM 7, 8 & 9**

**7. VERIFICATION OF IRB EXCLUSION**

|  |  |
| --- | --- |
| **The EC has verified that the ethics application can be excluded from IRB review** | |
|  | |
| This application can be excluded from IRB review |  |
| This application cannot be excluded from IRB review and the applicants should submit an IRB application to TP-IRB. |  |

**8. ETHICS COMMITTEE (EC) RECOMMENDATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **The EC recommends that:** | | | |
|  | | | |
| This application should be **approved**. | | |  |
| This application should be **approved conditionally with the following comments, provisions and/or reservations** (see below): | | |  |
| This application should **not be approved** (see below): | | |  |
|  | | | |
| Name | Signature | Approval Date | |

*Note: If the principal investigator is a student, the supervisor will still have the right to overrule the research procedure, equipment or materials proposed by the students if they are deemed by the supervisor to be inappropriate.*

**9. ASSIGNED STUDY CODE (CONDITIONAL ON APPROVAL OF APPLICATION)**

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| --- | --- |
| *(Office Use ONLY)* EC # |  |

**Appendix A:** Short summary of the study (Maximum 2 pages)

**Appendix B**: Details of additional investigator(s) and/or supervisor(s) (if applicable)

**DETAILS OF ADDITIONAL INVESTIGATOR(S)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **INVESTIGATOR** | | | |
|  | NAME: | | | |
|  | TP Student/Staff ID: | | | |
|  | Email: | | Contact Number: |  |
|  | Diploma Course: | Diploma Subject (code): | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **INVESTIGATOR** | | | |
|  | NAME: | | | |
|  | TP Student/Staff ID: | | | |
|  | Email: | | Contact Number: |  |
|  | Diploma Course: | Diploma Subject (code): | | |

*Note: Please copy and paste addition tables for investigator details as per required*

**DETAILS OF ADDITIONAL SUPERVISOR(S)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPERVISOR** | | |
|  | NAME: | | |
|  | Email: | Contact Number: |  |
|  | School/Diploma: | | |

*Note: Please copy and paste addition tables for supervisor details as per required*

**Appendix C**: Informed consent forms

**Appendix D**: Script(s) of verbal instructions, briefing and debriefing information

**Appendix E**: Surveys, questionnaires, interview or focus group questions (if applicable)

**Appendix F:** Testing and experimental scenarios and materials (if applicable)