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| **Ethics Review Committee for Research****Faculty of Management & Finance****University of Colombo** |



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| **Instruction:** All those who wish to obtain ethics clearance for conducting research should fill this Application Form and submit it to the relevant Ethics Review Committee (ERC) (erc@fmf.cmb.ac.lk) along with the other documents as specified in the Ethics Approval Process for Research flowchart and its interpretations.  |

**Application for Ethics Review**

**PART I - Project Details**

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| **1. Project Title** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **2. Researcher(s) involved** | 1. ………………………………………………………………………2. ………………………………………………………………………3. ………………………………………………………………………4. ………………………………………………………………………5. ………………………………………………………………………(In case of the research projects proposed by staff members, the name of the Principal Investigator should be underlined) |
| **3. Name(s) and e-mail address(es)** **of the Supervisor(s)** (in case of student research |  |
| **4. Research Site** |  |
| **5. Project Duration** | Project starts:………………… | Project ends: ……………………. |
| **6. Type of the Project** (tick off) | (a) Research by academic staff | (d) Undergraduate research |
| (b) MPhil/PhD/DBA research | (e) Diploma/ Certificate level |
| (c) Masters level research | (f) Any other (please specify) |
| **7. Receipt of funds for the study** | Yes: Granting Authority: …………………………………... No:  |

**Part II – Review Content**

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| **Ethical concerns related to the contents of the research proposal (Please provide the page number of the research proposal where the following are being reported)** | **Page No.** |
| Contribution to knowledge and contribution to practice |  |
| Proposed methods of data collection and analysis |  |
| Population of the study and the proposed respondents/ research context and participants  |  |
| Selection of the sample/ participants |  |
| Ethical considerations  |  |
| **Ethical concerns on the participants** | **Yes**  | **No**  | **NA** |
| Project details will be sufficiently explained to the participants |  |  |  |
| Voluntary participation is sought |  |  |  |
| Possible risks, harm or hazards have been identified |  |  |  |
| Confidentiality of data/ information gathered will be assured |  |  |  |
| Consent for audio/ video recording will be obtained |  |  |  |
| Procedure to be followed will be clarified |  |  |  |
| Consent for participating in the study will be obtained |  |  |  |
| **Ethical concerns on the researcher(s)** | **Yes**  | **No**  | **NA** |
| Any risks, harm or hazards effects on researcher(s) have been identified |  |  |  |
| Researchers’ right to be free from the granting agency’s(ies’) influence is assured |  |  |  |
| **Ethical concerns on the research site (if applicable)** | **Yes** | **No** | **NA** |
| Whether access to the organization is obtained for gathering data/ information |  |  |  |
| Whether anonymity of the organization will be maintained |  |  |  |
| Whether approval for mentioning the name of the organization in the text has been granted |  |  |  |
| Whether confidentiality of the data/ information obtained from the organization will be assured  |  |  |  |

**NA**: Not applicable

I/we declare that the proposed research project is carried out by duly adhering to the ethical considerations stipulated above. In the event of a major change (as defined in the ‘Ethics Approval for Research’ flowchart) I/we will submit a new application form accommodating the change.

**Name(s) of the applicant(s): Signature(s) of the applicant(s):** ………………………………………….. ………………………………….

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………………………………………….. ….………………………………

 **Date:** ……………………………………

*Only applicable for Postgraduate Students/Candidates*

**Approval of the Supervisor(s):**

I / we approve the ethics application and supporting documents submitted by ………………………………………………………… to be considered in granting ethics approval.

**Name(s) of the Supervisor(s): Signature(s) of the Supervisor (s):** ………………………………………….. ………………………………….

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*To be filled by the Coordinator of the Postgraduate Programme*

I hereby forward the following documents of ……………………………………………… bearing the registration number ………………………………….to the Ethics Approval Committee of the Faculty of Management and Finance (please submit all documents to erc@fmf.cmb.ac.lk).

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| **Document** | **Mark with ‘✓’** |
| Ethics Application Form |  |
| Project Information Sheet |  |
| Consent Form(s) |  |
| Withdrawal of Consent Form |  |
| Research Proposal (including interview guide/questionnaire) |  |
| Other (permission letter for data collection, etc.)  |  |

Name of the Coordinator: ………………………………………………………

Signature of the Coordinator: ……………………………………..

Date:…………………….