Ethical Approval Application

To Asian Institute of Disability and Development (AIDD) Ethics Committee

(Electronic Format Only)

|  |  |
| --- | --- |
| Date: | DD / MM / YYYY |

This application must be typewritten. If the space available is not sufficient, attach details on a separate sheet. If this project includes any information of a commercial or patentable nature, this information should be sent separately and marked “Confidential”. Please submit in electronic format to ***disabilityasia@gmail.com***

You can submit the approved participant information sheets and consent forms. Please also submit the approval letter in electronic format to ***disabilityasia@gmail.com***

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Title:** |  | | | | | |
| **Names(s), Titles(s), Qualifications, Dept/Locations and Contact Details** | | | | | | |
| **Principal Investigator:** | |  | | | | |
| **Associates and Co-Investigator:** | |  | | | | |
| **Proposed Date of project commencement:** | | | |  | | |
| **Proposed Duration of Project:** | | | |  | | |
| **Give a succinct but comprehensive aims, hypotheses and potential significance of the project, or of its other purposes, noting also the expected benefits** | |  | | | | |
| **Give a succinct but comprehensive statement of the scientific background to the project and project plan** | |  | | | | |
| **Briefly describe all methodology to be used with participants** | |  | | | | |
| **Give a statement of the possible dangers or ill effects of these procedures and the precautions to be taken to prevent or minimize them** | |  | | | | |
| **Give a statement on the demands, inconvenience or discomfort to the participants** | |  | | | | |
| **Give the number, type and age range of all the participants, including controls** | |  | | | | |
| **Sources and means of recruitment** | |  | | | | |
| **Will any special relationship exist between the recruiter and the participants?** | |  | | | | |
| **Criteria for exclusion** | |  | | | | |
| **Details of any proposed payment to participants** | |  | | | | |
| **Where will the procedures involving participants be undertaken?** | |  | | | | |
| **How will risk factors be minimized?** | |  | | | | |
| **How will information be handled to safeguard confidentiality both during and after completion of the research project?** | |  | | | | |
| **If the project involves use of medication/drugs/ procedure, give details:** | |  | | | | |
| **Has this project been submitted to any other Ethics Committee?** | | | | | □ Yes □ No | |
| **If yes; name of committee**  *(please attach a copy of approval)* | | |  | | | |
| **Approval granted?** | | | □ Yes □ No | | | |
| **What do you think are the ethical issues raised by the proposed project considering your previous answers?** | | |  | | | |
| **Please state your response to them** | | |  | | | |
| **OBTAINING INFORMED CONSENT**  Please note a copy of the explanatory material/information sheet which will be shown to the subjects and the consent form **must be included**. | | | | | | |
| **Who will explain the project to the potential participants?** | |  | | | | |
| **Is there a special relationship between the person explaining the project, or any of the investigators, and the participants?** | |  | | | | |
| **When will the explanation be given?** | |  | | | | |
| **Will the participants be able to give consent themselves?** | | | | | | □ Yes □ No |
| **If not, why? To whom will the project be explained and who will give consent?** | |  | | | | |
| **Will written consent be obtained from all participants?** | | | | | | □ Yes □ No |
| **If not, please give reasons?** | |  | | | | |
| **Who will act as witness?** | |  | | | | |