**Ethical Committee for Research in Organizational Sciences at the Faculty of Organizational Sciences, University of Maribor**

Application for the Approval of the Research Project Involving Human Participants

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| SECTION A. APPLICATION DETAILS |
| **A1. Project** |
| Project title: |  |
| Proposed start date: |  |
| Proposed end date: |  |
| **A2. Applicant** |
| Full name: |  |
| Affiliation: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Are you a student? |  🞏 Yes 🞏 No |
| Where do you study?(university and faculty) |  |
| **A3. Principal Investigator (e.g. mentor)** |
| Full name: |  |
| Affiliation: |  |
| Position held: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Declaration to be signed by the Principal Investigator* I have met with and advised the applicant on the ethical aspects of this project design (applicable only if the Principal Investigator is not also the Applicant).
* I will ensure that changes in approved research protocols are reported promptly and are not initiated without approval by the Ethical Committee for Research in Organizational Sciences.
* I will ensure that all adverse and unforeseen problems arising from the research project are reported in a timely manner to the Ethical Committee for Research in Organizational Sciences.
* I will ensure that the research complies with the current professional guidelines, Ethical Principles of Psychologists and Code of Conduct (American Psychological Association), the Declaration of Helsinki and Convention on Human Rights in Biomedicine (Treaty No. 164, Oviedo, 04/04/1997).
* I am suitably qualified to carry out this research and I approve it.
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| Date and signature: |  |
| **A4. Other Investigators, involved organizations** |
| List of investigators (full name, organization) |  |
| Other organizations involved in this study(name and address): |  |
| If this study involves any organizations, please provide details. Evidence that the relevant authority has given permission should be attached or confirmation provided that this is available upon request. |
| **A5. Funding** |
| Sources of funding: |  |
| Will the study result in financial payment? |  🞏 Yes 🞏 No |

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| SECTION B. PROJECT DETAILS |
| **B1. Summary**Please provide a brief summary of the project, including: background, goal, research question or hypotheses, and intended value/scientific benefit (max 500 words). |
| **B2. Methodology**Please summarize the methodology to be used (e.g. observational, survey research, experimental). Give details of any samples and measurements to be taken (max 500 words).Please attach any questionnaires, tests, etc. Standardised questionnaires do not need to be attached, but please provide the name and details of the questionnaire together with a published reference to its prior usage and its translation. |
| **B3. Ethical Issues**Please outline any ethical issues that might arise from the proposed study and how they are to be addressed. What are possible risks for investigators?Application will be considered incomplete if this section is left blank. |

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| SECTION C. PARTICIPANTS |
| **C1. Sample** |
| Number of participants: |  |
| Lower age limit: |  |
| Upper age limit: |  |
| Please justify age range and sample size. |
| **C2. Children and Vulnerable Adults** |
| Will the participant group include vulnerable persons? |  🞏 Yes 🞏 No |
| (e.g. individuals with learning disability or cognitive impairment, individuals in a dependent or unequal relationship)If yes, please explain the necessity of these individuals. |
| **C3. Recruitment** |
| What are inclusive and exclusive criteria for participant selection? |  |
| How will the potential participants be identified? |  |
| How will the potential participants be approached? |  |
| How will the participants be recruited? |  |
| Please elaborate on the proposed procedures related to the above questions.Attach recruitment emails/adverts/webpages. A data protection disclaimer should be included. |
| **C4. Payments to Participants** |
| Will payment or any other incentive be made to any research participants? |  🞏 Yes 🞏 No |
| (incentives, such as gifts or free services)If yes, please specify the level of payment and/or the source of the funds/gifts/services to be used.Please justify the intended payment/incentive. Please explain the necessity of such compensation. |
| **C5. Voluntary participation** |
| Will the participants participate on a fully voluntarily basis? |  🞏 Yes 🞏 No |
| Will students be involved as participants? |  🞏 Yes 🞏 No |
| If yes, care must be taken to ensure that they are recruited in such a way that they do not feel any obligation to a teacher or member of staff to participate. |
| Please state how you will bring to the attention of the participants their right to withdraw from the study without penalty. |
| **C6. Consent** |
| Participants will sign informed consent: |  🞏 Yes 🞏 No |
| Please provide consent forms and participant information sheets to be used.If the participant group will involve any children or persons with limited capacity to contract, please explain how and from whom a fully informed consent will be obtained.If no consent will be obtained, please explain why. |
| Will any form of deception be used? |  🞏 Yes 🞏 No |
| If yes, please explain why. |
| Please attach information sheet and consent form.**Information sheet** should include:* Aims of the research and possible benefits.
* Who are you recruiting?
* What will happen if the participant agrees to take part (when, where, how long, etc.)?
* Any risks (e.g. the need for disclosure of information to the third party, possibility for distress).
* Will participants be offered a copy of the final report?
* Arrangements for ensuring anonymity and confidentiality.

Statements suggested to be included in the **information sheet**, as appropriate:* All data will be collected and stored in accordance with the law.
* You voluntarily take part in this research. You are free to withdraw at any time without giving a reason.
* A decision to withdraw at any time or not to take part will not affect the standard education/care you receive.
* If you agree to take part, you will be asked whether you are happy to be contacted about participation in future studies. Your participation in this study will not be affected should you choose not to be re-contacted.
* You may withdraw your data from the project at any time up until it is transcribed for use in the final report.
* Recorded interviews will be transcribed and the recording will be wiped clear/deleted.
* If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.
* Submission of a completed questionnaire implies consent to participate.
* As participation is anonymous, it will not be possible for us to withdraw your data once you have returned your questionnaire.
* Contact information for further questions.
* Thank you for reading this information and for considering taking part in this research.

Statements suggested to be included in the **consent form**, as appropriate:* I have read the Information sheet and I understand what the study involves.
* I understand that I can withdraw from this research at any time without consequences.
* I consent to the processing of my personal data for the purpose of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the law.
* I agree that this research has been explained to me to my satisfaction and I agree to take part in it.
* I agree that my data, after they have been fully anonymised, can be shared with other researchers.
* I agree to be contacted in the future by investigators of this research who would like to invite me to participate in the follow-up studies. However, I may cancel this option at any time in future.
* I understand that the information I have submitted will be published as a report and I will be sent a copy. Confidentiality and anonymity will be maintained and it will not be possible to identify me from any publications.
* I understand that I am being paid for my assistance in this research and that some of my personal details will be passed to financial department for administration purposes.
* I agree that my non-personal research data may be used by others for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.
* I understand that my participation will be tape/video recorded and I consent to the use of this material as part of the project.
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| SECTION D. RISKS AND BENEFITS |
| **D1. Participants** |
| Possible risks/benefits toparticipants: |  |
| Arrangements for reporting results and/or debriefing the participants: |  |
| Will interviews and/orquestionnaires raise anysensitive, embarrassing orupsetting issues forthe participants? |  |
| If yes, please explain why. |
| Invasive procedures will be involved: |  🞏 Yes 🞏 No |
| Research involves physical contact: |  🞏 Yes 🞏 No |
| Please state any precautions being taken to protect the health and safety of the participants. Please state if the participants will need any insurance and how validity of insurance will be checked. |
| **D2. Investigators** |
| Possible risks to investigators: |  |
| Protective precautions: |  |

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| SECTION E. DATA |
| **E1. Confidentiality** |
| How will you ensure confidentiality? |  |
| Please give details of how and at what stage in the project you will anonymise the data. |
| Who will have access to data? |  |
| Where will consent forms, information sheets and research data be stored? |  |
| For how long will the research data be kept? |  |
| How and when will the data be destroyed? |  |
| Have the participants been informed of the future use of the collected data? |  🞏 Yes 🞏 No |
| Will any data be audioand/or video recorded? |  🞏 Yes 🞏 No |
| Please attach authorisation form. |

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| SECTION F. PUBLICATIONS |
| **F1. Recognition of contributors** |
| How will the publications of research findings recognise the contributions of all investigators involved in the study? |  |

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| SECTION G. APPLICANT’S STATEMENT |
| **The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.****I undertake to abide that the research complies with the current professional guidelines, Ethical Principles of Psychologists and Code of Conduct (American Psychological Association), the Declaration of Helsinki and Convention on Human Rights in Biomedicine (Treaty No. 164, Oviedo, 04/04/1997).****If the research is approved, I undertake to adhere to the agreed research protocol without deviation.****I undertake to inform the Ethical Committee for Research in Organizational Sciences of any changes in the protocol that would have ethical implications for this research.****I will take into account all obligations and guidelines in relation to the security and confidentiality of personal data of participants in accordance with the Law on Protection of Personal Data (Zakon o varstvu osebnih podatkov, ZVOP-1-UPB1).** |
| Please give any additional information you believe to be relevant to this application. |
| Date: |  |
| Applicant’s wet signature: |  |

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| SECTION H. ATTACHED DOCUMENTS |
| **A5. Funding** |
| Permissions of all involved organizations |  🞏 Attached 🞏 Not relevant |
| **B2. Methodology** |
| Questionnaires / tests |  🞏 Attached 🞏 Not relevant |
| **C3. Recruitment** |
| Recruitment emails / adverts / webpage links including data protection disclaimer |  🞏 Attached 🞏 Not relevant |
| **C6. Consent** |
| Consent form |  🞏 Attached 🞏 Not relevant |
| Parental / guardian consent form for research involving participants under 18 |  🞏 Attached 🞏 Not relevant |
| Information sheet |  🞏 Attached 🞏 Not relevant |
| **E1. Confidentiality** |
| Authorisation form for audio / video recording |  🞏 Attached 🞏 Not relevant |