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| Logo - Variation 2  Ref. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(For BPEC use only)* |

**BPRC ETHICS APPLICATION FORM**

Please complete this form with reference to the Ethics Guidelines for Research and Teaching Projects available on SharePoint.

**Submit an electronic copy including a scanned copy of section G with the appropriate signatures to the Administrator – Bahrain Polytechnic Research Committee.**

**Refer to the check list at the end of this document before submitting your application.**

If assistance is needed, please contact the Secretary.

Please mark with an X in the box provided where the answer is Yes (Y) or No (N)

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| **A. GENERAL** |

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| **1. Research Project Title** |
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| **2. Applicant / Principal Researcher:** | |
| 3.Faculty/School |  |
| Other researcher(s) |  |

|  |  |  |
| --- | --- | --- |
| **4. Research Project Plan (approximate dates)** | | |
|  | **From** | **To** |
| Data collection |  |  |
| Data analysis |  |  |
| Research Project Report |  | |

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| --- | --- | --- | --- | --- |
| **5. Types of person participating as subjects:** | | | | |
| Applicant’s students (former) | Y |  | N |  |
| Polytechnic Staff | Y |  | N |  |
| Persons whose capacity to consent is compromised | Y |  | N |  |
| Other (Please Specify) Polytechnic students | Y |  | N |  |

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| **B. RESEARCH PROJECT** |

Describe in language which is, as far as possible, free from jargon and comprehensible to lay people.

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| 1. **1. Aim of Research Project** 2. State concisely the aims and type of information sought. Give the specific hypotheses, if any, to be tested. |
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| 1. **2. Background**   Provide sufficient information to place the project in perspective and to allow the project’s significance to be assessed. Provide one or two references where appropriate. |
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| 1. **3. Methodology**   Describe the research design and method(s) to be used. |
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| 1. **4. Procedure**   Outline the steps you will take for data collection. |
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| Outline the steps you will take for data processing and analysis. |
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| 1. **5. Peer Review** | |
| Outline the peer evaluation that has taken place in developing the research proposal. | |
| Name(s) of peer reviewer(s) |  |
| Role(s) of peer reviewer(s) |  |
| Summary of peer review feedback | |
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| **C. PARTICIPANTS** |

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| --- | --- | --- | --- | --- | --- |
| 1. Who are the participants; what criteria are to be used for selecting them? | | | | | |
| See attached | | | | | |
| 1. Are there any potential participants who will be excluded? If Yes, then what are the criteria for exclusion? | | Y |  | N | X |
|  | | | | | |
| 1. How many participants will be selected? |  | | | | |
| 1. What is the reason for selecting this number? | | | | | |
| See attached | | | | | |
| 1. Provide a statistical justification if appropriate. | | | | | |
|  | | | | | |
| 1. How are the participants to be recruited?   If by advertisement attach a copy to this Application Form | | | | | |
|  | | | | | |
| 1. How will information about the project be given to participants? (E.g. in writing, verbally).   Please attach a copy of the Participant Information Sheet (PIS) to this application | | | | | |
|  | | | | | |
| 1. Will the participants be competent to give informed consent on their own behalf? Consider physical or mental condition, age, language, legal status or other barriers. | | Y |  | N |  |
| 1. If participants are not competent to give fully informed consent, who will consent on their behalf? | | | | | |
|  | | | | | |
| 1. Will consent be obtained in writing? If No, then give reasons for this.   If Yes, then attach a copy of the Consent Form which will be used. | | Y |  | N |  |
|  | | | | | |
| 1. How will confidentiality of information be preserved? | | | | | |
|  | | | | | |
| 1. In the final report, will there be any possibility that individuals or groups could be identified? If Yes, then please explain how individuals or groups will be protected. | | Y |  | N |  |
|  | | | | | |
| 1. Does the research project include a questionnaire?   If Yes, then a copy is to be attached to the Application Form | | Y |  | N |  |
| 1. Does the research project include the use of interviews?   If Yes, then please provide samples of the questions that will be asked. | | Y |  | N |  |
| 1. Will interviews be recorded on audio tape?   If Yes, then make sure there is explicit consent in the Consent Form | | Y |  | N |  |
| 1. Will interviews be video-taped?   If Yes, then make sure there is explicit consent in the Consent Form | | Y |  | N |  |
| 1. Will data be collected by photographic or electronic images of participants or bystanders?   If Yes, then make sure appropriate consent will be obtained | | Y |  | N |  |

**D. OTHER RESEARCH PROJECT DETAILS**

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| 1. Where will the research project be conducted? | | | | | | | | | |
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| 1. Who will actually conduct the research project? | | | | | | | | | |
|  | | | | | | | | | |
| 1. Who will interact with the participants? | | | | | | | | | |
|  | | | | | | | | | |
| 1. State the risks and benefits of the proposed research project. | | | | | | | | | |
| Risks: |  | | | | | | | | |
| Benefits: |  | | | | | | | | |
| 1. Is deception involved at any stage of the research? If Yes, then explain how and why it is to be used. | | Y | |  | | N | |  | |
|  | | | | | | | | | |
| 1. What discomfort (physical, psychological, social) or incapacity, if any, are the participants likely to experience as a result of the procedures? | | | | | | | | | |
|  | | | | | | | | | |
| 1. What qualified personnel will be available to deal with adverse consequences as outlined in item 6 above? | | | | | | | | | |
|  | | | | | | | | | |
| 1. How much time will participants have to give to the research project? | | | | | | | | | |
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| 1. Will information on the participants be obtained from third parties? If Yes, then please provide details. | | | Y | |  | | N | |  |
|  | | | | | | | | | |
| 1. Will any identifiable information on the participants be given to third parties? If Yes, then please provide details. | | | Y | |  | | N | |  |
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| 1. Provide details of any compensation and where applicable, level of payment to be made to participants. | | | | | | | | | |
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| **E. CONSENT FORMS AND DATA** |

**NOTE: For your protection, the Committee recommends that the Consent Forms be stored separately from the data, and that they be retained for at least six years.**

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| 1. **Consent** | | | | |
| 1. Who will have access to the Consent Forms? | | | | |
|  | | | | |
| 1. How will you store the Consent Forms to ensure that they are protected from unauthorised access? | | | | |
|  | | | | |
| 1. Will the Consent Forms be destroyed? If Yes, then please provide detail. | Y |  | N |  |
| Forms will be shredded following completion of the retention period. | | | | |
| 1. How long will the Consent Forms be retained? | | | | |
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| 1. **Data** | | | | |
| 1. Who will have access to the data? | | | | |
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| 1. Are there plans for future use of the data beyond those already described?If Yes, then please provide detail. | Y |  | N |  |
| None planned | | | | |
| 1. How will the data be stored? | | | | |
|  | | | | |
| 1. Will the data be destroyed? If Yes, then please provide detail how it will be destroyed? | Y |  | N |  |
|  | | | | |
| 1. How long will the data be retained? | | | | |
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| **F. CONFLICT OF INTEREST** |

STATEMENT: []

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| Explain any existing or potential conflict of interest the researcher has in the outcomes of this project. |
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| **G. OTHER INFORMATION** |

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| 1. The Bahrain Polytechnic Ethics Committee treats all applications independently. If you think there is relevant information from past applications or interaction with the Committee, please indicate and append. | | | | |
|  | | | | |
| 1. Have you ever made any other related applications to other organisations? If Yes, then please provide detaisl. | Y |  | N |  |
|  | | | | |
| 1. Supporting Statement from Dean / HOS / Manager | | | | |
|  | | | | |
| This proposal has my approval:  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Please print)*  **Signature of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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| **DECLARATION** |  |

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| --- | --- |
| **SIGNATURE OF APPLICANT** |  |
| **PRINT NAME** |  |
| **DESIGNATION** |  |
| **DATE** |  |

**Check List of information to be supplied**

**Please complete**

**Applications with incomplete documentation will not be considered**

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|  | **Please**  **[ √ ]** |
| 1. Ensure that the research project has been peer reviewed and has Dean / Manager approval. |  |
| 1. Provide a copy of any Participant Information Sheet (PIS). |  |
| 1. Provide a copy of any Consent Forms, if applicable. |  |
| 1. Provide a copy of any Questionnaires, if applicable. |  |
| 1. Provide a copy of any Interview Schedules, if applicable. |  |
| 1. Provide a copy of any advertisement for participants, if applicable. |  |
| 1. **Send an electronic copy including a scanned copy of section G with the appropriate signatures to the Administrator, Bahrain Polytechnic Research Committee**. |  |

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| The Secretary  Bahrain Polytechnic Research Committee  Bahrain Polytechnic  PO Box 33349  Isa Town  Kingdom of Bahrain  Phone  Fax  E-mail: |