To: Faculty Research Ethics Committee

Application for Approval of Study

Title of research proposal: Press or type here to enter text

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_____

Date: Press or type here to enter text**:**

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By (name of advisor / chief investigator / investigator in charge):
Press or type here to enter text
Mobile phone number: Press or type here to enter text
Email address: Press or type here to enter text

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_____

Department / school (of Investigator A): Press or type here to enter text

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Name of additional investigator / student: Press or type here to enter text
Mobile phone number: Press or type here to enter text
Email address: Press or type here to enter text

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_____

Department / school (of Investigator B): Press or type here to enter text

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_____

Name of additional investigator / student: Press or type here to enter text
Mobile phone number: Press or type here to enter text
Email address: Press or type here to enter text

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_____

Department / school (of Investigator C): Press or type here to enter text

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1. General

If applicable - Please check:

☐ **Request for exemption from Ethics Committee proceeding**
Reason for request: Press or type here to enter text

☐ **Request for Expedited review proceeding**
Reason for request: Press or type here to enter text

☐ **Request for Exemption from participants' written consent requirements**
Reason for request: Press or type here to enter text

1.1 **If the research is carried out as part of studies for a master's / doctoral degree –**
has the approval of the departmental / school committee for the master's / doctoral program been obtained? Yes ☐ No ☐

2. **Concise description of the study (up to 200 words)**
Press or type here to enter text

3. **General evaluation of risk in the study (please check only one):**

☐ To the best of my knowledge, the proposed study poses no risk of harm to participant/s or their surroundings.

☐ It is my opinion that the extent of risk to participants in the proposed study is less than minimal risk and the requisite measures to mitigate said risk have been taken.

- "Minimal risk:" The severity and/or probability of risk of harm or discomfort expected in the study do not exceed those to which a reasonable person is exposed in his/her daily conduct or in the course of taking routine psychological or physical exams or checkups.

☐ It is my opinion that the level of risk to participants in the proposed study exceeds the minimal risk, and the requisite measures have been taken to protect the participant/s to the greatest extent possible.

4. **<u>Research Participants</u>**

4.1 **Number of participants:** Press or type here to enter text

		Yes	No	Comments / details
4.2 **Age range**:	Minors (under age 18)—a parental consent form and, if the minor is an adolescent, his/her assent is needed	☐	☐	
4.3 **Type of population**	Pupils / their parents, recruited via the educational system	☐	☐	
	Students at the University of Haifa and/or members of their families	☐	☐	
	Adult population without weaknesses	☐	☐	
	Sensitive population groups (e.g., wards, prisoners, individuals with cognitive disorders; mental illness, etc.)			

4.4 Participants' recruitment Process (explain in detail, including how they are located, screened, by whom contacted, in what manner, etc.)

Press or type here to enter text

5. Please indicate whether the study includes <u>one or more</u> of the following research methods. If answering in the affirmative, please provide a detailed explanation in the study abstract.

		Yes	No
1.	Questionnaire (participants identified to investigator)	☐	☐
2.	Anonymous survey (participants not identified to investigator)	☐	☐
3.	Interview	☐	☐
4.	Observation	☐	☐
5.	Video or camera recording, etc. (if "yes" please specify below how it will be saved)	☐	☐
6.	Audio recording (if "yes," please specify below how it will be saved)	☐	☐
7.	Use of existing documents or data (including information from medical records, databases, etc.)	☐	☐
8.	Structured tests (e.g., behavioral test or task)	☐	☐
9.	Experimental set-up (experimental manipulation)	☐	☐
10.	Collection of biological samples	☐	☐

5.1 If the study includes the use of biological samples, audio and/or video and/or transcribed interviews, explain in detail whether and how the data will be stored, when will it be deleted, whether it will be returned to the participants or shared with them, and how anonymity/confidentiality will be preserved in this regard:

Press or type here to enter text

6. Please indicate whether the study includes one or more of the following elements (please provide details in the right-hand column):

		Yes	No	Comments
1.	Misleading or inadequate explanation	☐	☐	
2.	Collection of sensitive information	☐	☐	
3.	Exposure to stimuli that may be experienced as threatening, insulting, triggering anxiety, triggering traumatic memories, etc.	☐	☐	
4.	Exposure to physical stimuli	☐	☐	

		Yes	No	Comments
	(e.g., high levels of noise, pain or visual stimuli that exceed routine daily levels of irritation)			
5.	Collection of biological and/or physiological indicators (e.g., blood, saliva, pulse, blood pressure, other physiological indicators)	☐	☐	
6.	Use of pharmaceuticals (describe the pharmaceuticals and the measures taken to maintain participants' safety)	☐	☐	
7.	Physical effort exceeding accepted daily levels (describe the task and the measures taken to protect participants)	☐	☐	
8.	Social, legal, or economic risk to participants (e.g., creation of stigma, risk to status, risk to employment, or criminalization of participants)	☐	☐	
9.	recruitment of participants via persons of authority (teacher, caregiver, employer)	☐	☐	
10.	Monetary recompense, academic grades, or other means of encouraging participants (describe in the Comments)	☐	☐	

6.1 **If you answered "yes" to any of the above, please detail here in what way/s the study will deal with the ethical complexity or the potential damage of the cited element:**

Press or type here to enter text

6.2 **If you answered "yes" to any of the above, please elaborate on the relevant investigators' training and background for dealing with the ethical complexity of the cited element.**

Press or type here to enter text

7. **If an exemption from signing consent forms is requested, how shell participants' consent be obtained / documented?**

Press or type here to enter text

8. **Please indicate whether the following are included in the consent form and/or explanatory letter to potential participants (if "no"—explain why not in the Comments section)**

		Yes	No	Comments
1.	Description, title, and purpose of the study. (Please note if the study is part of a seminar, a thesis, or a dissertation.)	☐	☐	
2.	Benefit/s of the study	☐	☐	
3.	Side effects or risks to the participant	☐	☐	
4.	Tasks assigned to the participant/s	☐	☐	
5.	Affirmation of voluntary participation and participants' right to withdraw from the study at any time without personal consequences	☐	☐	
6.	Assurance of confidentiality, anonymity, and privacy (including how the data is retained and destroyed in cases of research on identified persons)	☐	☐	
7.	Expected duration of participation in the study	☐	☐	
8.	Source of study funding (if external to the university)	☐	☐	
9.	Name of investigator and telephone number or other contact information. (If the study is part of a thesis or dissertation, advisors' names should be noted as well.)	☐	☐	
10.	Voluntary participation	☐	☐	

		Yes	No	Comments
	consent form			
11.	Verification of participant's signature in presence of investigator	☐	☐	

9. Safeguarding of confidentiality of collected data

		Yes	No	Comments
1.	Will consent forms be kept separate from participants' data?	☐	☐	
2.	Will participants' identities be disclosed in publications?	☐	☐	
3.	Will Identified/identifiable details be available to someone other than the members of research team?	☐	☐	

9.1 Please describe the measures that will be taken to protect participants' identities and secure the data obtained / collected:

Press or type here to enter text

I hereby affirm that the foregoing information is correct and accurate, that the research proposal complies with international and the university's standards for ethical research conduct, and that the study will be carried out in accordance with said standards.

I am aware that the responsibilities of the chief investigator include reviewing the ethical guidelines and conduct of the different entities involved in the study's execution (e.g., students engaged in the study, research assistants, information-gathering companies, various professional entities, etc.). The ethical guidelines and conduct of these bodies are not explicitly reviewed by the Ethics Committee.

Chief investigator's name		Investigator's name		Investigator's name
Date		Date		Date
Signature		Signature		Signature

* **This application should not be submitted without the signature of the chief investigator, who has confirmed that it satisfies academic requirements and is fit for submission.**