

Ethics Consideration Form



From: (Name, Address for correspondence) Name & Address.	Title of Research Project: Title of Research.
Telephone: Tel No.	Tutor's Name, ITS Email, Telephone Number: Tutor's Details.
Email: Email No.	
Student Number: Student No.	
Course: Course.	
Year: Year.	
Proposed Data Collection Start Date: Proposed Start Date.	
Proposed Project End Date: Proposed End Date.	

Please give a brief summary of the purpose of the research, in non-technical language.
Click here to enter text.

Research Ethics and Data Protection Self-Assessment

- Please consider your research proposal very carefully and check which sections are relevant in your case.
- Answer all questions within each section that is relevant to your research (Tick with an X).

Section A	To be completed by those collecting primary data from human participants
Section B	To be completed only by those using secondary data <i>If the data will be <u>collected by yourself</u> (you are the primary researcher) you <u>do not</u> need to fill in this section.</i>
Section C	To be completed by all researchers
Section D	Data Protection

Choose one of the below:

Primary data collection: Gathering information/data directly for your research, example through measurement, observation and asking questions.

Secondary data collection: Using raw data already published or collected by somebody else.

Section A: To be completed by those collecting primary data from human participants.

		Yes	No
A1	Will your participants be harmed in any way? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
A2	<u>Underline the correct category</u> Are any of your research participants: children, persons in institutions, persons with disability, mental health issues, victims of crime or abuse, substance abusers, or economically/educationally disadvantaged persons?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have consent from the guardians or parents?	<input type="checkbox"/>	<input type="checkbox"/>
A3	Are the participants in your research identifiable in some way? Choosing "No" means that all the data from your research is anonymous or will be anonymised and that there is little risk that the data can be identifiable or linked to any of the participants.	<input type="checkbox"/>	<input type="checkbox"/>
A4	<u>Underline the correct category</u> Do you plan to collect personal data which reveals: race or ethnic origin, political opinions, religious or philosophical beliefs, health, membership of a trade union, sex life, sexual orientation, genetic data,	<input type="checkbox"/>	<input type="checkbox"/>
A5	Do you plan to employ deliberate deception (actively providing false or misleading information or passively withholding information with the intention of misleading subjects about the research)? Note: Incomplete disclosure (providing general but accurate information to participants to avoid the potential for biased results) DOES NOT constitute deliberate deception in terms of this question.	<input type="checkbox"/>	<input type="checkbox"/>

A6	Do you need permission from a cooperating institution(s), school, hospital, organization, prison, or other relevant organization or another ethics committee?	<input type="checkbox"/>	<input type="checkbox"/>
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Section B: To be completed by those using other researcher's/ entity's raw data (if carrying out primary research, you do not complete this section).

		Yes	No
B1	Has the secondary data you are going to use been published?	<input type="checkbox"/>	<input type="checkbox"/>
B2	Do you have the written permission from the owner of the data allowing you to use the data for your research?	<input type="checkbox"/>	<input type="checkbox"/>
B3	Has the data you are going to use been collected from human participants?	<input type="checkbox"/>	<input type="checkbox"/>
B4	State the entity, person, or source, providing the secondary data: _____		

Section C: To be completed by ALL researchers.

		Yes	No
C1	Is there significant foreseeable risk that your research can cause physical or psychological harm to people or harm to the environment or be misused by terrorists or military organisations?	<input type="checkbox"/>	<input type="checkbox"/>
C2	Is there any conflict of interest - financial or non-financial - that could benefit you or a relative or friend or business associate?	<input type="checkbox"/>	<input type="checkbox"/>
C3	Is there significant foreseeable risk to you as the principal investigator?	<input type="checkbox"/>	<input type="checkbox"/>
C4	Is there any aspect of the proposed research which might bring the ITS into disrepute?	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Data Protection.

D1	The data will be kept by the researcher for (insert timeline) _____
D2	The applicant commits to: 1. Storing data securely in password protected and encrypted mode <input type="checkbox"/> 2. Storing personal data separate from other data <input type="checkbox"/>

Note

Before starting data collection, copies of relevant research materials, including research proposal, consent forms (if used), questionnaires, discussion guides, stimuli, and other related documents are required to be submitted to ethics.arpb@its.edu.mt

Principal Investigator

Tutor/Supervisor

Signature

Signature

Name: _____

Name: _____

Date: _____

Date: _____

To be completed by the Research Ethics Committee member

Ethics application is:

Accepted

Refused

Requires alterations

Required alterations:

Name/s and Surname/s of Research Ethics Committee member/s:

Signature/s

Date: