FINAL INTERNATIONAL UNIVERSITY

ETHICS COMMITTEE APPLICATION FORM

Studies conducted in Final International University (FIU) and/or studies conducted by FIU personnel/students, which involve collecting data from human participants, are subject to review by the FIU Ethics Committee (EC). Applicants should submit this application form to the FIU EC along with the other required documents (see the Application Check List). Approval of the EC is required before the start of data collection from human participants.

1. Title of study:

2. Type of study: Academic Staff Study ○ Doctorate Thesis ○ Master Thesis ○ Other (Specify): ○

3. Researcher's

   Name and surname:

   Department:

   Institute:

   Phone:

   Address:

   E-mail:

4. Other researchers (if any)

Name and surname:	Institute:

5. Advisor's/Supervising Faculty Member's (*Undergraduate students conducting research must have an academic advisor/instructor supervising their research*):

Title: Prof. Dr. Name and Surname:

Department: Address:

Phone: e-mail:

6. Expected time frame of the study: Start: End:

The start date of the study should be at least three weeks from your date of application.

7. Organizations, institutions in which data collection is planned to be accomplished:

a. b.

c. d.

e. f.

g. h.

8. Is the approval/permission of an institution or organization other than IFU required for data collection? No ○ Yes(specify) ○ ,

9. Whether the project is supported/funded or not: Supported ○ Not Supported ○

If supported, specify institution: University ○ TUBITAK ○

International (please specify) ○ Other (please specify) ○

Will the ethical approval be used for a project submission (TUBITAK, EU projects etc.)? Yes ○ No ○

10. Status of the application:

New ○ Revised ○ Extension of a Previous Study ○ Reporting changes ○

If this application is a request for the **extension of a previous study**,

Protocol No (this is on your approval letter):

The new expected date of completion:

If this is an extension of a previous project, does the current study show any differences from the previously approved one? Yes ○ No ○

If yes, please complete the box below (**reporting changes**)

Reporting changes (if any)

Protokol No:

Please explain the changes you want to make (e.g., adding a new researcher to the research team, adding a new measure, adding a new study similar to your approved study) in a simple language so that people with no expertise in the field can understand (two parahraphs maximum). If, your change(s) will be new informed consent form, debriefing form, etc., submit these forms together with the revised application to the Ethics Committee.

Is the reason for the proposed changes an unexpected situation that happens to a participant in the study (e.g., an event that could harm the participant's psychological or physical health)? Yes ◯ No ◯

If your answer is **yes**; describe the unexpected situation that requires you to make changes. Please indicate what measures you have taken to prevent similar situations from occurring in the future.

THE FOLLOWING QUESTIONS SHOULD ONLY BE ANSWERED IF THE APPLICATION IS NEW OR REVISED (see item 10.)

11. Please explain the purpose of your study and the research question you are trying to answer with this study. Write it in a simple language so that people without expertise in the field can understand (maximum of two paragraphs).

12. Write down your data collection process, including the method, scale, tools and techniques to be used. (Submit a copy of any measure or questionnaire used in the research with this document.)

13. Does the study aim to partially/completely provide the participants with incorrect information in any way. Is there deception? Does the study require secrecy? Yes ◯ No ◯

14. Beyond the minimum stress and discomfort that participants may encounter in their daily lives, does your work contain elements that threaten their physical and/or mental health or that may be a source of stress for them? Yes ◯ No ◯

    If your answer is yes; what negative effects does your work have on the physical and/or mental health of the participants? Please explain in detail. Please write down the measures taken in order to eliminate or minimize the effects of these elements.

15. The expected number of participants:

16. If you are doing an education or intervention study, will a control group be used? Yes ◯ No ◯

17. From the list presented below, tick the options that best describe the participants:

University students , Adults in employment , Unemployed adults ,

Preschool children*

Will you obtain verbal consent from the children participating in the study? Yes ◯ No ◯

Primary school pupils*

Will you obtain verbal consent from the pupils participating in the study? Yes ◯ No ◯

Highshool students**

Child workers*

The elderly

Mentally disabled/challenged individuals* Physically disabled/challenged individuals

Prisoners Other (please specify):

*please submit the Parental Approval Form with your application.

**please submit the Parental Approval Form in addition to the Informed Consent Form that the students are expected to sign, with your application.

18. Briefly describe the sample characteristics, special restrictions and conditions for participation (for example, age group restriction, whether there is a requirement to be a member of a certain social group, etc.) Please explain.

19. Explain how you will invite participants to the study. If the invitation will be via e-mail, social media, various websites, and similar channels like this, you should insert the text of the announcement into the application file. Please add the text in the textbox below.

20. Please tick the method(s) to be used:

Survey ☐ Interview ☐ Observation ☐ Computer test ☐

Video/film recording ☐ Voice recording ☐ Physiological measurement ☐ Biological sample ☐

Making participants use alcohol, drugs or any other chemical substance ☐

Exposure to high stimulation (such as light, sound) ☐ Exposure to radioactive material ☐

Other (please specify): ☐

21. Write down the possible contributions of this work to your field and/or society (one paragraph at most).

I confirm that the information I have given above is accurate to the best of my knowledge.

Supervisor's (if any) Name and Surname:

Signature: Date:

Researcher's Name and Surname:

Signature: Date: