

**APPLICATION FORM FOR ETHICS APPROVAL
MEDICAL AND HEALTH RESEARCH AND ETHICS COMMITTEE**

1. GENERAL INFORMATION
<p>TITLE OF PROPOSED RESEARCH:</p> <p>NAME OF RESEARCHER(S) AND THEIR ROLES AND RESPONSIBILITIES:</p> <p>IF THE RESEARCH IS RELATED TO ANY APPROVED RESEARCH FUNDING/GRANT: (please state research reference number)</p> <p>RESEARCH KEYWORDS (Limited to 5):</p>
2. AIMS AND OBJECTIVES
3. INTRODUCTION
<p>IMPORTANCE OF STUDY</p> <p>BENEFIT TO THE COMMUNITY OR CONTRIBUTING TO NEW KNOWLEDGE</p>
4. DETAILS OF METHODOLOGY
4.1 PARTICIPANTS
<ul style="list-style-type: none"> - Inclusion and exclusion criteria - Number of participants to be recruited - The detailed procedure of recruiting potential participants (how they are identified i.e any databases used)
4.2 METHODS OF DATA COLLECTION AND DATA ANALYSIS
<ul style="list-style-type: none"> - Data collection form, template, questionnaire, list of questions to use in interview, etc. must be attached - Data analysis and statistical methods
4.3 ETHICAL CONSIDERATION
<ul style="list-style-type: none"> - Include brief description on how anonymity is maintained - Data ownership - Data storage and duration
4.4 BENEFITS TO RESEARCH PARTICIPANTS AND/OR THIRD PARTIES

4.5 RISKS TO RESEARCH PARTICIPANTS AND/OR THIRD PARTIES

4.6 INFORMED CONSENT/ WAIVER OF CONSENT

- Procedure of taking informed consent (including assent of children)
- Justification of waiver of consent

4.7 DISSEMINATION OF RESEARCH FINDINGS

4.8 DECLARATION OF FUNDING/GRANT

4.9 CONFLICT OF INTEREST (IF ANY)

I declare that all information provided above are correct and accurate.

Signature: _____

Name of Principal Investigator: _____

Department: _____

Date: _____