# To: Facultative Committee for Evaluation of Studies on Human Beings

**Application for Approval of Study**

**Title of research proposal:** Press or type here to input text

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**By (name of advisor / chief investigator / investigator in charge):**

בחר פריט.Press or type here to input text

Select item  
Dr.  
Prof.

בחר פריט.Press or type here to input text

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**Mobile phone number:** Press or type here to input text

**Email address:** Press or type here to input text

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**Department / school (of Investigator A):** Press or type here to input text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Name of additional investigator / student:** Press or type here to input text

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1. **General**

**Please check insofar as this application pertains to one of the following:**

** Approval of exemption from Ethics Committee proceeding (exempt)**

**Reason for request:** Press or type here to input text

** Expedited audit proceeding**

**Reason for request:** Press or type here to input text

** Exemption from having participants sign a consent form for their participation in the study**

**Reason for request:** Press or type here to input text

**2. Concise general description of the study (up to 200 words)**

Press or type here to input text

**3. General estimation of risk in the study**

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

** In my opinion, the extent of risk to people in the proposed study is less than the minimal risk and the requisite measures to mitigate said risk have been taken.**

* **“Minimal risk”: risk of harm or discomfort of severity and probability, as are expected in the study, that do not surpass those to which a reasonable person is exposed to in his/her daily conduct or in the course of taking routine psychological or physical exams or checkups**

** In my opinion, the extent of risk to people in the proposed study exceeds the minimal risk and the requisite measures to protect the participant/s have been taken to the extent possible.**

**4. Research participants**

**4.1 Number of participants:** Press or type here to input 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 consent are needed |  |  |  |
| **4.3** | **Type of population** | Pupils / their parents, recruited by means of the education system |  |  |  |
|  |  | Students at the University of Haifa and/or members of their families |  |  |  |
|  |  | Adult population devoid of weaknesses |  |  |  |
|  |  | Sensitive population groups (e.g., wards, prisoners, people with cognitive disorders; mental illness, etc.) |  |  |  |

**4.4 Process used to recruit research participants (explain in detail, including how they are located, screened, by whom contacted, how, etc.)**

Press or type here to input text

**5. The study includes one or more of the following research methods. Insofar as it does, explain it in detail in the abstract of the study.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1.** | **Questionnaires (participants identified by investigator)** |  |  |
| **2.** | **Anonymous survey (participants not identified by investigator)** |  |  |
| **3.** | **Interview** |  |  |
| **4.** | **Observation** |  |  |
| **5.** | **Video or camera recording, etc. (if “yes”—explain how it is saved as the study proceeds)** |  |  |
| **6.** | **Audio recording (if “yes”—explain how it is saved as the study proceeds)** |  |  |
| **7.** | **Use of existing documents or data (including information from medical records, databases, etc.)** |  |  |
| **8.** | **Structured tests (e.g., behavioral test / behavioral task)** |  |  |
| **9.** | **Experimental array (trial manipulation)** |  |  |

**5.1 If the study includes the use of transcribed audio and/or video and/or interviews, explain in detail whether and how the materials will be saved, when they will be deleted, whether they will be returned to the participants, and how anonymity/confidentiality will be preserved:**

Press or type here to input text

**6. The study includes one or more of the following characteristics (explain in detail in the right-hand column):**

|  |  | **Yes** | **No** | **Comments / details** |
| --- | --- | --- | --- | --- |
| **1.** | **Misleading or inadequate explanation** |  |  |  |
| **2.** | **Collection of sensitive information** |  |  |  |
| **3.** | **Exposure to stimuli that may be received as threatening, insulting, triggering anxiety, triggering traumatic memories, etc.** |  |  |  |
| **4.** | **Exposure to physical stimuli (e.g., high levels of noise or visual stimuli that exceed daily stimulus or pain)** |  |  |  |
| **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.** | **Appeal to participants by means of person of authority (teacher, caregiver, employer)** |  |  |  |
| **10.** | **Monetary recompense, scoring, or other means of encouraging participants (describe in the Comments)** |  |  |  |

**6.1 Insofar as you checked off one of the foregoing, please elaborate here on the method used in the study to cope with the ethical complexity or the potential damage of the characteristic checked:**

Press or type here to input text

**6.2 Insofar as you checked off one of the foregoing, please elaborate on the training and background of the relevant investigators to cope with the ethical complexity of the characteristic checked.**

Press or type here to input text

**7. Inclusive explanatory letter to potential participants (if “no”—explain why in the Comments section)**

|  |  | **Yes** | **No** | **Comments / details** |
| --- | --- | --- | --- | --- |
| **1.** | **Description, title, and purpose of the study. Insofar as the study is part of a seminar, a thesis, or a dissertation, make note of this.** |  |  |  |
| **2.** | **Utility of the study** |  |  |  |
| **3.** | **Prospects and/or risks to the participant** |  |  |  |
| **4.** | **Tasks assigned to the participant** |  |  |  |
| **5.** | **Affirmation of voluntary participation and participants’ right to drop out of the study at any time without adverse repercussions** |  |  |  |
| **6.** | **Assurance of confidentiality, anonymity, and privacy (including how the data are retained and destroyed in cases of research on identified person)** |  |  |  |
| **7.** | **Expected duration of participation in the study** |  |  |  |
| **8.** | **Source of funding of the study (if a source external to the university exists)** |  |  |  |
| **9.** | **Name of investigator and telephone number or other contact information. Insofar as the study is part of a thesis or dissertation, advisors’ names should be noted as well.** |  |  |  |
| **10.** | **Voluntary participation consent form** |  |  |  |
| **11.** | **Verification of signature in presence of investigator** |  |  |  |

**8. Safeguarding of confidentiality of information collected**

|  |  | **Yes** | **No** | **Comments / details** |
| --- | --- | --- | --- | --- |
| **1.** | **Will the voluntary participation consent form be kept separate from the participants’ outcomes?** |  |  |  |
| **2.** | **Will the participants’ identities be disclosed?** |  |  |  |
| **3.** | **Identifying particulars will be available only to the research team.** |  |  |  |

**8.1 Please describe the measures that will be taken to protect the participants’ identity and secure the data obtained / collected:**

Press or type here to input text

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

**I am aware that the responsibilities of the chief investigator include review of the rules of ethics and the comportment of the bodies active in the frame of the study (e.g., students employed in the study, research assistants, information-gathering companies, various professional entities, and so on). The review of and compliance with the ethics of these bodies is not examined directly by the Ethics Committee.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chief investigator’s name |  | Investigator’s name |  | Investigator’s name |
| Date |  | Date |  | Date |
| Signature |  | Signature |  | Signature |

\* This application shall not be submitted except under the signature of the chief investigator, who has confirmed that it satisfies the academic requirements and is fit for submission.