Application Form for Ethical Approval from the Ethical Committee oft he Competence Centers Health of the University of Applied Sciences

Please submit the completed form with all relevant attachments as <u>one</u> PDF-Document

1	Name of the Applicant	
	Faculty/Department	
	Adress	
	Position	
	Email	

2	For Qualification Thesis (PhD Theses, Masterthesis, Bachelorthesis): Name(s) of Supervising Professors	
	Faculty/Department	
	Adress	
	Position	
	Email	

3	*Short Title of the Research Project*

4	*Full Title of the Research Project*

5	*Date of Application*

6	*What are the objectives of the research project?*

7	*What is the primary purpose of the study?*		
	Original Research	☐	
	Secondary Research	☐	
	Doctoral Dissertation?	☐Yes	☐No
	Other (please explain)	☐	

8	*Has the proposed study been submitted to any other ethics committee?* ☐Yes ☐No If yes, where? _____ *Has approval been given?* ☐Yes ☐No Commentary whe indicated: _____

9	*What is the scientific justification for the investigation? (Theoretical framework, relevance of the research project))*

10	*Summarize the research project in detail: research objective, design as well as chosen methodology, including short theoretical embedding.*

11	*How has the scientific quality of the research project been verified by a third party?*	
	Independent external Review	☐
	Review within a company	☐
	Review within a multi-centric or interdisciplinary research group	☐
	Review by the main responsible institution or host institution	☐
	Review within the research team	☐
	Review by an advisor	☐
	Other (please explain)	☐
	No third party verification	☐

12	*How are the potential participants (i) selected (inclusion and exclusion criteria), (ii) addressed and (iii) recruited?*

13	*In the individual interviews/questionnaires or group interviews/ -questionnaires addressed issues that are sensitive, embarrassing, or gripping? Or could it be possible to reveal criminal offences or other acts requiring appropriate action (e.g. drug-use investigation)?*

14	*Can trauma be caused by the survey/investigation?* *☐ Yes ☐ No* *If so, how do you handle it? (Are there, for example after-care?)*

15	*Can the collected data be used according to German data protection law?*

16	Does the research involve a deception regarding the goals or intentions? ☐ Yes ☐ No If so, will the participants be informed? When? How? By whom?

17	*How long will it take for the participants to participate (expected)?*

18	*What are the potential benefits of participating participants?*

19	*What measures are used to ensure the confidentiality of personal data? Describe whether a pseudonymization (codinglist) or other form of anonymization is used, and if so, which and at what stage.*

20	*Who will have access to the data and what measures will be taken to treat the data confidentially?*

21	*In what form are the participants informed about how the research project carried out? Please include documents for this.*

22	*After the reconnaissance, will a written informed consent be obtained from the participants in the study?*
	Yes ☐ No ☐ *If yes, please describe the following aspects:* *Who will pick up the declaration of consent?* *How is the reconnaissance carried out?* *Are there other types ofinformation (e.g. video, interactive media) used besides the reconnaissance/Informationssheets?* *A copy of the reconnaissance / Informationssheets must be attached to this request.* *If no declaration of consent is obtained from the participants participating in the study, please indicate the exact reason for this.*

23	*Does recruitment require the involvement of other cooperation partners?*

24	*How much time is available for the potential participants to decide on their participation/non-participation in the study?*

25	*Will the participants be informed that they can at any time (without disadvantages) refuse to participate or withdraw from the study (up to the time of the anonymization of the data)?*

26	*Do people from one of the named groups participate in the study?*	
	Children or young people under the age of 18	☐
	Adults who are unconscious or seriously ill	☐
	Adults with terminal illness	☐
	Adults in emergency situations	☐
	Adults with mental illness	☐
	Adults with dementia	☐
	Persons who are in a potential relationship of dependence to the study management or to the responsible investigator, e.g. people in supervised institutions, students etc.	☐
	Other (please specify)	☐
	Please justify the participation of the designated groups of persons.	

27	*Are there any potential reasons for a refusal to participate in the study (e.g. if a prospective participant is the student of the researcher at the same time)?* *☐ Yes ☐ No* *If so, please explain the reasons that can make a refusal more difficult.*

28	Are incentives of a financial or other kind paid to the subjects or to the department? ☐ Yes ☐ No If yes, please specify the type and amount of the payments.

29	*Where does the research project take place? (setting, city)*

30	*Who bears the costs of the research project?*

31	*Please present any other possible ethical aspects that the Advisory Board should be aware of.*

Which annexes/documents are attached to this application (please tick)?	
Information material/brochures etc. for possible study participants	☐
Form for Declaration of consent	☐
Copy of the Study protocol	☐
Letters to the participating	☐
Letters to the parents/guardians etc.	☐
Letter of approval of the ethics Committee	☐
Other relevant documents (please name)	☐

I have given the above information correctly to the best of my knowledge and belief. I have read the information for the Research/study administration and have understood my obligations and the rights of subjects/studies participants, in particular with regard to obtaining a valid declaration of consent.

Signature of the main responsible researcher/Primary Investigator:

…….

Date: ……..

Signature of the supervising professor at the Haw or the head of studies (if available):
I have examined the proposal and I support it in its present form.

…….

Date: ……

Hochschule für Angewandte Wissenschaften Hamburg

Department:

Projekt:

Erklärung zur Schweigepflicht und zum Datenschutz

Ich bin darüber aufgeklärt worden, dass ich über alle Daten und Informationen, die mir im Rahmen meiner Mitarbeit beim Projekt „ “
über einzelne Studienteilnehmer bzw. deren Familie und Lebenssituation zugänglich werden, zur Verschwiegenheit verpflichtet bin. Diese Daten und Informationen dürfen nur direkten Projekt-Mitarbeitern der HAW zugänglich gemacht werden. Insbesondere unterliegen alle personenbezogenen Daten dem Datenschutz und dürfen nicht an dritte Personen oder Institutionen weitergegeben werden[, auch nicht an die beteiligten Schulen oder Lehrkräfte]. Ich darf auch keine eigenen Aufzeichnungen personenbezogener Daten über die Dauer meiner Projektmitarbeit hinaus aufbewahren. Sofern ich während meiner Projektmitarbeit vorübergehend personenbezogene Daten verarbeite und/oder aufbewahre, verpflichte ich mich, Missbrauch oder die unbefugte Weitergabe dieser Daten zu verhindern.

Name:

Hamburg, den

Unterschrift: