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| **UBD SCHOOL OF BUSINESS AND ECONOMICS**  **RESEARCH ETHICS APPLICATION**  **[For Student Research Projects/Academic Exercises/Master and Doctoral Theses]** |

**NOTE:**

1. All applications must be typed. Please submit a signed hardcopy to the UBDSBE Faculty Office, and a signed softcopy to the Assistant Registrar of UBDSBE.
2. All ethics applications should be made **at least2 months** priorthe start of the fieldwork/data collection.
3. Please review the checklist in page 3 prior to submission.

**For Student:**

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| **1** | **Name** |  | | | | | | | | | | | | |
| **2** | **Registration Number** |  | | | **Contact Number** | |  | | | | | | | |
| **3** | **Programme**  **[BA/ MA/ MRes /PhD]** |  | | | **Module Code** | |  | | | | | | | |
| **4** | **Research Title** |  | | | | | | | | | | | | |
| **5** | **Indicate the method(s) of data collection [If a research proposal is available, please appendto this form]** |  | | | | | | | | | | | | |
| **6** | **Does your research ONLY involve analysis of secondary and already anonymised datasets?** | No/Yes |  | | | | | |  | | | | | |
| **7** | **Does your research involve living human subjects/respondents?** | No/Yes |  | | | | | |  | | | | | |
| **8** | **Indicate the nature of respondents [If a research proposal is available, please append to this form]** |  | | | | | | | | | |  | |  |
| **9** | **Will you request signed consent from all respondents?** | No/Yes |  | | | | | | | | | |  | |
|  |  |  |
| **10** | **Will the respondent’s information/responses be automatically anonymised in your research?** | No/Yes |  | | | | | | | | |  | | |
| **11** | **Will you explicitly give all your respondents the right to remain anonymous?** | No/Yes |  | | | | | | | | | | | |
| **12** | **Will you be using recording or monitoring devices with your respondents?** | No/Yes |  | | | | | | | | |  | | |
| **13** | **Will recording or monitoring devices be used openly and only with the permission of respondents?** | No/Yes |  |  | | | | | | | | | | |
| **14** | **Have you considered the implications of your research intervention on your respondents?** | No/Yes |  | | | | | | | | | |  | |
| **15** | **How will you ensure confidentiality and security of personal data (e.g. coding of data, secure storage)?** |  | | | | | | | | |  | |  | |
| **16** | **Please provide details of any other ethical considerations from your research** |  | | | | | | | |  | |  | | |
|  | *I hereby confirm that all the information provided is correct and true.* | | | | | | |  | |  | |  | | |
|  | **Signature** |  | | | **Date** |  | | | | | | | | |

***Note to students: Please submit this completed form and other relevant document(s) to your supervisor first before submitting to the Faculty Office***

**For Supervisor:**

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| **Name of Main Supervisor** |  | | |
| **Date** |  | **Signature** |  |
| **Comments (if any):** |  | | |

**UBDSBE RESEARCH ETHICS CHECKLIST [FOR STUDENTS]**

|  |  |  |
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| **No.** | **Document To Be Attached** | **Check** |
| 1 | Research proposal (if available/applicable) |  |
| 2 | Informed Consent Form (in English and Malay, if applicable) |  |
| 3 | Research Questionnaire/Interview Questions |  |

**[Note: All applications must be completed in full and mustincludethe relevant documents listed above]**

**For Faculty Research Committee:**

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| **FACULTY RESEARCH COMMITTEE (FRC) RECOMMENDATION (please tick either one) :**  **Approved**. AR to issue a Faculty Ethics approval letter allowing the student to gather information outside of UBD on the proposed research.  **Not approved.**Return application to supervisor to revise and resubmit. | | **Date of FRC meeting:** |
| **FRC Chair (Name) :** | **Signature:** | **Date:** |
| **Comments (if any):** | | |