**GHANA COMMUNICATION TECHNOLOGY UNIVERSITY**

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**FACULTY OF COMPUTING AND INFORMATION SYSTEMS**

**Research Ethics Application Form for Research NOT involving Human Participants/Animals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Committee use only** | | | | |
| Application Number |  | FoCIS REC’s decision | | |
| Submission date |  | Approved | |  |
| Review date |  | Referred back for amendment | |  |
| Approval date |  | Disapproved | |  |
| Approval period | From: To: | | | |
| Name of chairperson |  | Signature |  | |
| Comments |  | | | |

**PRIVACY INFORMATION:**

The personal information you submit on this form is gathered primarily to evaluate your research ethics application. This data will be stored in a database to aid in administration, correspondence, and statistical analysis.

Members of the Ethics Review Committee who handle this application will have access to these records. Authorized third parties may also access the records if required. All records will be kept for as long as needed to fulfill the purpose for which they were collected.

**SECTION 1: RESEARCHER’S DETAILS**

1.1 Researcher’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Name of applicant |  |
| Staff/ Student no |  | Student | Staff |
| Department |  | Institution |  |
| Office phone neo |  | Mobile No |  |
| Email address |  | Address |  |

1.2 Supervisor’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Name |  |
| Department |  | Institution |  |
| Contact No (work) |  | Contact No (Mobile) |  |
| Email\_address |  | Postal Address |  |

1.3 Co- Supervisor’s details (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Name |  |
| Department |  | Institution |  |
| Contact No (work) |  | Contact No (Mobile) |  |
| Email\_address |  | Postal Address |  |

**SECTION 2: GENERAL PROJECT INFORMATION**

2.1 Project Information

|  |  |  |  |
| --- | --- | --- | --- |
| Title of research project |  | | |
| Area of specialisation |  | Research location |  |
| Start date |  | End date |  |

2.2 Type of Application (more than one option may apply)

|  |  |
| --- | --- |
| Research for non-degree purposes (journal articles; conference presentations, etc.) |  |
| Research for degree purpose |  |
| Research for diploma purpose |  |
| Other |  |
| Identify the primary reason for conducting the research if you ticked “Other”. | |
|  | |
| Identify the qualification for the project (in the case of research for degree/ diploma purpose) | |
|  | |

2.3 Research funding(*to be completed if project is funded*)

|  |  |
| --- | --- |
| Name of funder |  |
| Is this funding likely to inform or impact the design, results, or dissemination of the research in any way? | Yes  No |
| If yes, explain and justify: | |
|  | |

2.4 Conditions and conflicts of interest:

|  |  |
| --- | --- |
| Has any organisation/company that is involved in the study or funding the research imposed any conditions on the research? | Yes  No |
| If yes, please specify what the conditions are: | |
|  | |
| Do you, or anyone else involved in or accountable for the research's design, have any personal, economic, or financial interests (or other possible conflicts of interest) that may be considered relevant to this research project? | Yes  No |
| If yes, please provide full details: | |
|  | |

**SECTION 3: DETAILS OF PROPOSED RESEARCH**

3.1 Explain the problem the research is addressing

|  |
| --- |
|  |

3.2 State the aim and objectives of the study

|  |
| --- |
|  |

3.3 Provide detail on the benefit/contribution of the study

|  |
| --- |
|  |

3.4 In non-technical language, provide a summary of the study design and methodology, data gathering techniques, and analysis methods.

|  |
| --- |
|  |

3.5 Has the proposal being approved by the department?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**SECTION 4: DETAILS OF RESEARCH DATA**

4.1 Will the research project at any stage involve living human participants?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

4.2 Will the research project at any stage report on identifiable private information of individuals (living or dead) or institutions that is not in the public domain?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

4.3 Identify the data sources that you plan to include in this study.

|  |
| --- |
|  |

**SECTION 5: RISK ASSESSMENT**

5.1 Does your study contain any activity that might potentially put the researcher(s) and/or field workers at risk of harm from a health and safety standpoint, or any other risks? [If so, please specifics in the section allocated for comments]

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Comments:

|  |
| --- |
|  |

5.2 If research activities will put researcher(s) and/or field workers at risk of harm, indicate how the potential risks of harm will be mitigated.

|  |
| --- |
|  |

5.3 Describe any potential environmental impacts of your research and how you plan to mitigate them.

|  |
| --- |
|  |

5.3 Based on the information provided above, categorize your research project according to the anticipated level of risk.

|  |  |
| --- | --- |
| Negligible risk |  |
| More than negligible risk |  |

**SECTION 6: DECLARATION**

**6.1** **Declaration to be signed by the applicant**

I confirm that this proposal adequately describes the study to be done. I will guarantee that the research follows the procedure that has been established. If major revisions to the protocol are required throughout the course of the research, I will submit them to FoCIS-REC for approval. Furthermore, when appropriate, I shall obtain local ethical approval in the country or countries where the research will be conducted.

Signed by

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

Name of applicant Date

**6.2 Declaration to be by the supervisor**

To the best of my knowledge, the student's application for research ethics approval fulfills all of the requirements outlined in the GCTU FoCIS Policy for Research Ethics. I will ensure that the student informs the committee in writing if there are any proposed changes to the research that may impact study-related risks for participants, including modifications to methodology, sampling, questionnaires, interview schedules, and so on. Therefore, I approve the submission and recommend that the application be granted approval.

Signed by

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Name of supervisor Date

**SECTION 7: CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| CHECKLIST (TO BE COMPLETED BY THE APPLICANT) | | | |
| **PLEASE TICK** | **Yes** | **No** |
| The research proposal /has been approved by the Faculty Research and Higher Degrees Committee or relevant authority |  |  |
| Form has been fully completed and all questions have been answered |  |  |
| Full proposal attached |  |  |
| Previous ethical approval certificate (if applicable) |  |  |
| Signature of applicant |  |  |
| Signature of supervisor |  |  |