**HUMAN SUBJECTS RESEARCH PROTOCOL APPROVAL FORM**

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| --- |
| **Primary Investigator Information** |
| **Primary investigator Name** |  |
| **College** |  |
| **Department** |  |
| **Address:** |  |
| **Email** |  |
| **Phone** |  |
| **Collaborators** | **College Name** | **University** | **Mobile #** | **Type** |
|  |  |  | **□ Faculty □ Staff** |
|  |  |  | **□ Faculty □ Staff** |
| **Research Information** |
| **Research Title** |  |
| **Project Purpose** |  |
| **Research Methodology** |  |
| **Expected Outcome** |  |
| **Significance of project to your discipline** |  |
| **Duration** | **Start Date** |  | **End Date** |  |
| **Funded** | **Source** |  | **Amount** |  |
| **Type of Project** | **Thesis** | **□ Master □ PHD** |
| **Title of Thesis**  |  |
| **Supervisor**  |  |
| **Classwork** | **Course title** |  |
| **Project** | **Title** |  |
| **Research Methods** |
| **Subject of the population** |  |
| **Types of instruments to be used** | * **Tests**
* **Questionnaires**
* **Interview**
* **Form groups**
* **Other specify:**
 |
| **How to be administered** | * **Phone**
* **Face-to-Face**
* **Email**
* **Online**
* **In person**
* **Other Specify:**
 |
| **Frequency of subject application** |  |
| **Data will be recorded using** | * **Written notes**
* **Audio tape**
* **Video Tape**
* **Observation**
* **Photography**
* **Other Specify:**
 |
| **Population checklist** | * **Faculty**
* **Students**
* **Staff, Specify:**
* **CEO**
* **Director**
* **Manager**
* **Dean**
* **Other, Specify:**
 |
| **Please indicate all measures to be taken to insure the protection of Subjects’ Confidentiality including where all data will be stored and when it will be destroyed.** |
| **Please check each category of data that will be reported in your study** | **Subjects:** * **Names of People**
* **Address**
* **Phone number**
* **Ages**
* **Gender**
* **Marital status**
* **Types of Employees**
* **Incomes**
* **Job titles**
* **Name of employers**
* **Other**
 |
| **Will the research involve** | * **Psychological Stress**
* **Physical hazards**
* **Specify**
 |
| **Data will be used for?** | * **Publication**
* **Evaluation**
* **Needs assessment**
* **Conference presentation**
* **Degree requirement**
* **Class report (Oral/Written)**
 |
| **Other comments** |  |

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| **Risk & confidentiality** |
| **Measures to be taken in case of risk**  |
|  |
| **Measures to be taken to insure the protection of subjects’ confidentiality.** |
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| **Recommendation** |
| **This activity has been reviewed by the Dean of Scientific Research at the University of Business and Technology (UBT)** |
|  |

**Committee composed of:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature**  |
| **Rector** |  |  |  |
| **Vice rector of Academics** |  |  |  |
| **Dean of Scientific Research** |  |  |  |