**Application for the evaluation of a research project by the Ethics Committee of the Faculty 01 Human Sciences of the University of Kassel**

The information to be provided in this application is mandatory (§1 of the Rules of Procedure of the Ethics Committee of FB 01). This application is to be processed electronically. You can expand the size of the answer field.

**I. General information**

1. **Application date**

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| Click or tap to enter a date. |

1. **Details of the study**

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|  |  |
| --- | --- |
| Name of the study or study series | Click or tap here to enter text. |
| (Planned) start | Click or tap here to enter text. |

1. **Applicant**

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|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| E-mail  | Click or tap here to enter text. |

1. **Other persons and/or institutions involved in the study**

|  |  |  |
| --- | --- | --- |
| Name | Institute/Department | E-mail |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **Has this application already been submitted to another ethics committee for review?**



1. **Who finances the project (research sponsor)?**

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| --- |
| Click or tap here to enter text. |

1. **Does this research institution require an ethics statement?**



1. **Does a deadline for decision-making have to be met (decision of the research sponsor, publication, deadline of the thesis, etc.)?**


If yes, deadline ends (expected) on Click or tap to enter a date.

1. **Where will the study be conducted?**

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| Click or tap here to enter text. |

**II. information on the research project**

1. **Please include a brief description of the planned study with the following information as an appendix: Study objectives, relevance, experimental plan or procedure, measures and approach (cf. also question 22).**
2. **Information on the study participants**

|  |  |
| --- | --- |
| (Planned) Number | Click or tap here to enter text. |
| Age range | Click or tap here to enter text. |
| Occupation | Click or tap here to enter text. |
| Patient status | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |

1. **(Expected) number and duration of meetings**

|  |  |
| --- | --- |
| Number | Click or tap here to enter text. |
| Duration | Click or tap here to enter text. |

1. **Which data collection methods are used (multiple selection is possible)?**

[ ]  Questionnaires

[ ]  Interviews

[ ]  Psychological tests

[ ]  Physiological measurements

[ ]  Audio recordings

[ ]  Video recordings

[ ]  Projective methods

[ ]  Observations

[ ]  Document analysis

[ ]  other data collection methods: Click or tap here to enter text.

1. **How are the study participants recruited (advertisements, outpatient clinics, etc.)?**

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| --- |
| Click or tap here to enter text. |

1. **Is participation in the study remunerated?**

 

[ ]  financial remuneration: Click or tap here to enter text.

[ ]  Subject hours

[ ]  other: Click or type here to enter text.

 

1. **Are the study participants physically challenged?**

 

[ ]  Blood collection

[ ]  Saliva collection

[ ]  Medication or placebo administration

[ ]  Invasive measurements

[ ]  Non-invasive measurements

[ ]  other physical strain:
 Click or tap here to enter text.

 

1. **Are the study participants under particular psychological strain?**

 

[ ]  Duration of activity

[ ]  aversive stimuli (e.g. electric shocks)

[ ]  Other mental stress:
 Click or tap here to enter text.

 

1. **Is it expected or intended that the participants will disclose personal experiences or attitudes? If so, please indicate the relevant areas below.**

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| --- |
| Click or tap here to enter text. |

1. **Are precautions taken to minimise any risks, including the avoidance of negative consequences or knock-on effects, for the study participants?**

 

If so, which ones?

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| --- |
| Click or tap here to enter text. |

1. **Please briefly describe the benefits and risks of the planned research project.**

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| Click or tap here to enter text. |

1. **Are study participants intentionally given incomplete or incorrect instructions about study objectives or procedures (e.g. through manipulated feedback or performance of study participants)? If so, please explain why this is necessary.**

  

If so, why?

|  |
| --- |
| Click or tap here to enter text. |

If yes, explain when and how the deception is explained.

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| Click or tap here to enter text. |

**III. Information and education of the study participants and on the declaration of consent**

1. **Are the study participants informed about the aims and procedures of the study as well as about the intended data protection measures before they give their consent to participate (see sample)? Please attach (a) the information letter and (b) the consent form.**



1. **Does the declaration of consent contain a reference to the possibility of withdrawal at any time and without consequences?**

 

1. **Does the consent form list the data protection measures envisaged?**



1. **Research projects involving minors, persons with limited legal capacity, persons incapable of contracting (§§ 104, 107 ff. BGB) and persons under guardianship (§§ 1896 ff. BGB): In addition to the information and consent of these study participants, has the legal representatives also been informed and have they also consented to participation in the research project? Have their information and consent been explicitly documented by signature?**

 

**IV. Data protection information**

1. **How is the data collected?**

 

 

 

1. **Is confidentiality guaranteed and is there a duty of confidentiality?**

 

1. **Are study participants informed both in the information letter and in the consent form that they can request the deletion of their personal data at any time or that deletion of the data is no longer technically possible once the study is completed?**

 

1. **If available, please list below any other information that may be relevant to the Ethics Committee's decision.**

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| Click or tap here to enter text. |

**Signature of the applicant:** I hereby certify that the information provided in this application is correct and that I have made all relevant information known to all persons participating in this study.

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|  |

Place and date, signature of all applicants

|  |
| --- |
|  |

Place and date, signature of all supervisors (if different from the applicants)