**APPLICATION TO RESEARCH ETHICS COMMITTEE**

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| **INFORMATION ABOUT THE APPLICANT** |
| **Name, surname:** |  |
| **Name of the institution:** |  | **Position:** |  |
| **Student card No.:** |  |
| **Study year:** |  | **Faculty:** |  |
| **Group:** |  | **Study programme:** |  |
| **Phone No.:** |  | **E-mail:** |  |

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| **INFORMATION ABOUT THE RESEARCH** |
| **Name, surname of the research supervisor:** |  | **Position:** |  | **Academic degree:** |  |
| **Name, surname of the researcher(s):** |  | **Position:** |  | **Academic degree:** |  |
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| **Title of the research:** |
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| **Purpose of the research:** |
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| **Characteristics of the research population** |
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| **Outline of methods and technical equipment used in the research and comparison with the previous experience** |
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| **Expected results in health care and disease prevention** |
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| **Purpose, nature and extent of the examination and intervention (treatment); explanation of the positive prospects of the examination (treatment) and possible degree of risk** |
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| **REQUIRED DOCUMENTS TO BE ATTACHED (mark as appropriate with X)** |
| **[ ]** Approval by (signature of) the research supervisor**[ ]** Research protocol: brief description of methodology and data recording**[ ]** A statement signed by the researcher and the person involved in the research/witness/legal representative of the person involved in the research confirming the person’s consent to be involved in the research**Additional documentation to accompany clinical trials:****[ ]** Curriculum vitae of the research supervisor |

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| **STATEMENT** |
| Upon signing this application, the applicant shall certify that:1. the informed consent and voluntary participation of the person involved in the research will be respected and ensured during the conduct of the research;
2. the principle of data security, ethics and confidentiality will be respected in their activity.
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| **APPLICANT’S SIGNATURE** |
| **Date:** |  | **Signature:** |  |

Received by the Research Ethics Committee

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_