# OSTIM TECHNICAL UNIVERSITY

# THE BOARD OF SCIENTIFIC RESEARCH AND PUBLICATION ETHICS

# APPLICATION FORM

Date:

All studies in the field of social sciences and humanities to be conducted by members of OSTİM Technical University or third parties that “do not constitute biological experimentation or physical intervention on humans and animals” are subject to the review of the Social and Humanities Ethics Committee (SBBEK).

Applications should be submitted to the relevant ethics committee with a cover letter.

Ethics committees convene once a month (BAYEK convenes on the last week of each month). The ethics committee may meet again when deemed necessary. **The research file containing the following forms must be submitted to the Document Office at least 15 days before the ethics committee meeting.**

Check and mark the documents that must be included in the application file.

**Responsible Researcher (Project Coordinator)**

**Title-Name-Surname:**

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| --- | --- |
| 1. **Application to the Ethics Committee** | |
| Application Date: | |
|  | New Application |
|  | Reapplication (Revision) |
|  | Protocol Amendment |
|  | Continuation of a Previously Approved Project |
| **If it is a continuation of a previously approved project, explain the difference between it and the ongoing project** | |
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| 1. **Name of the Research / Thesis / Project** |
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| --- | --- | --- | --- |
| **3. Nature of the Research / Thesis / Project** | | | |
|  | Faculty Member Research |  | Individual Research Project |
|  | Doctoral Thesis |  | Master Thesis |
|  | Other (Specify) | | |

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| **4. Is Research / Thesis / Project Supported?** | |  | Yes |  | No |
| **If Yes, Supporting Institution** | | | | | |
|  | University (specify)(BAP) | | | | |
|  | TUBİTAK | | | | |
|  | Development Agency | | | | |
|  | International (specify) | | | | |
|  | Other (specify) | | | | |
| **If no, will you use SBBEK approval in any of your project applications (TUBITAK, EU, etc. projects)?** | |  | Yes |  | No |

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| **5. Purpose and Justification of the Research / Thesis / Project** (Maximum 100 words) | | | | |
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| **6. Literature Summary of the Research / Thesis / Project** (A brief literature analysis, not a literature list, should be given by reviewing the literature in the relevant field) | | | | |
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| **7. Scope of the Research / Thesis / Project** | | | | |
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| **8. Data Collection Tools and Methods to be used in the research** | | | |
|  | Questionnaire |  | Reviewing Data Sources |
|  | Audio and/or Video Recording |  | File Scan |
|  | Interview |  | Scale Development |
|  | Observation |  | System-Model Development |
|  | Physiological Measurement |  | Test-Application in Computer Environment |
|  | Other (Specify) | | |

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| **9. Data Collection Period** | | | | | | |
| Starts at | |  | Ends at | | |  |
| **10. Locations/places, institutions and organizations where data collection is planned** | | | | | | |
| 1 |  | | | 4 |  | |
| 2 |  | | | 5 |  | |
| 3 |  | | | 6 |  | |

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| **11. Targeted Number of Participants** |
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| **12. Are participants provided with explanatory information about the purpose, nature and conditions of participation** (Voluntary Participation Form)**?** | | | |
|  | Yes |  | No |
| If your answer is “**No**”, please explain: | | | |

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| **13. Are participants' personal rights and private information protected?** | | | |
|  | Yes |  | No |
| If your answer is “**No**”, please explain: | | | |

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| **14. Are there threats to disrupt voluntary participation and abuse participants?** | | | |
|  | Yes |  | No |
| If your answer is “**Yes**”, explain what measures you have taken against these threats: | | | |
| **15. Does the research contain elements (questions/items/procedures/applications or manipulations) that may threaten the mental or physical health of the participants?** | | | |
|  | Yes |  | No |
| If your answer is “**Yes**”, explain the measures you have taken to eliminate or minimize the effects of these factors: | | | |

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| **16. Does the research require providing any kind of biased/false information to the participants or keeping the purpose of the study partially/completely confidential?** | | | |
|  | Yes |  | No |
| If your answer is “**Yes**”, please explain: | | | |

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| **17. Are underage children, persons with limitations or disabilities participating in the research?** | | | |
|  | Yes |  | No |
| If your answer is “**Yes**”, the “**Voluntary Participation Form**” must be accompanied by a “**Parent Permission Signature**”. | | | |

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| **18. Check the options that best describe the participants** | | | | |
|  | Preschool children |  | Women | |
|  | Primary school students |  | Men | |
|  | High school students |  | Elderly | |
|  | University students |  | Physically disabled | |
|  | Adult workers |  | Mentally disabled | |
|  | Child laborers |  | Detainees | |
|  | Unemployed adults |  | Patients | |
|  | Employers |  | Other (Specify) | |
|  | Other (Specify) |  | Other (Specify) | |
| 19. Will the researchers collect or have access to any of the personal information/identity information listed below? Please check ALL of the valid options. Name  Date of Birth/Age  Mail or Electronic Address  Telephone or Fax Number  TR Identity Number  Health Records  Driver's License, Registration or Vehicle License Plate  IP Address  Biometric Identifiers (Fingerprint, iris/retina pattern, etc.)  Photos/Videos/Audio Recordings  Signature, handwriting samples  Other personal information not mentioned above (Please explain)  No member of the Research Team will have access to any personal information.  **20. Describe how information will be stored and how confidentiality will be maintained, including the methods by which you will store/store the information. Check ALL of the appropriate options.**  **How will research data be recorded?**  Data Entry Table  Computer  Database  Other (Specify)  **How will data be stored?**  Computer  Locking File Cabinet  Locked Office  Other (Specify)  **How will participant privacy be protected?**  Coding System  Limited access to data/summaries  Password Protected  Other (Specify)  **21. Will names or other personal identifiers be used in publications based on the results of the Study?**  Yes  No | | | |

I/We hereby declare and accept that the information I/we have/we have provided above is correct, otherwise I/we hereby declare and accept that all responsibility is borne by me/us jointly and severally.

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| **22. Responsible Researcher (Project Coordinator)** | **Signature** |
| **Title-Name-Surname**  **Unit:**  **Email Address:**  **Phone:** |  |

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| **23. Co- Researcher(s) (Please add if necessary)** | **Signature** |
| **Title-Name-Surname**  **Unit:**  **Email Address:**  **Phone:** |  |
| **Title-Name-Surname**  **Unit:**  **Email Address:**  **Phone:** |  |
| **Title-Name-Surname**  **Unit:**  **Email Address:**  **Phone:** |  |
| **Title-Name-Surname**  **Unit:**  **Email Address:**  **Phone:** |  |