**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 \_\_\_\_\_\_\_\_\_\_