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|  | **Sri Lanka Institute of Information Technology Faculty of Computing** |  |

**Ethical Clearance Form for Research**

1. **Project/research type**

|  |  |  |  |
| --- | --- | --- | --- |
|  | B.Sc |  | M.Sc |

1. **Project/research details**

|  |  |
| --- | --- |
| Project ID |  |
| Project/Research Title |  |

1. **Student details (if the project is a group project, insert the details of group leader first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID | Name | Email | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Supervisor details**

|  |  |
| --- | --- |
| Supervisor |  |
| Co-supervisor |  |
| External supervisor (if any) |  |

1. **Does your project involve data collected from/of following groups?**

|  |  |
| --- | --- |
|  | Children or young people |
|  | Pregnant women |
|  | Individuals with cognitive disabilities |
|  | People suffering from specific diseases |
|  | Animals |
|  | Certain group of people involved in an organization |

1. **Explain how you are going to collect the data related to your project (ex: through interviews, analyzing documents, through devices) and how much data will be collected.**
2. **If you are collecting information related to people, in what form will be the data collected?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Individually identifiable |  | Re-identifiable\* |  | Non-Identifiable |

*\*Anonymous data from which the individual could be discovered*

1. **Does your project cause following?**

|  |  |
| --- | --- |
|  | The possibility of physical stress/distress, or discomfort to participants |
|  | The possibility of psychological/mental stress/distress, or discomfort to participants |
|  | Collection of data which are sensitive/confidential or have potential to cause distress to individuals |
|  | Collection of confidential data which gives competitive advantages to organizations over other organizations |
|  | Development of a product which is harmful for a particular group or society |

1. **How would you rate the risk associated with the research? (These risks may occur when the collected data is exposed to unauthorized parties, when devices malfunction, etc.")**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | High Risk |  | Low Risk |  | Negligible |

1. **If you are collecting information related to people, in what form will the data be stored?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Individually identifiable |  | Re-identifiable |  | Non-Identifiable |

1. **Explain the procedures you will be following to ensure confidentiality and protecting privacy of participants, organizations and collected data during data collection, data analysis and publishing of results.**
2. **Where will data be stored and what measures will be taken to ensure security of data (e.g. locked filing cabinets, computer hard drive protected by password/encryption/de-identification of data, etc.)?**
3. **Declaration of the participants.**

I/we certify that the details given above are accurate and also agree to adhere to the conditions of approval specified by the panel. Furthermore, I/we will inform XXX **of** any deviation from the specified details.

|  |  |  |
| --- | --- | --- |
| Student ID | Name | Signature |
|  |  |  |
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1. **Approval of the panel**

Comments/recommendations/ conditions :

Name : Signature :

Name : Signature :

Name : Signature :

Date :