



APPLICATION FOR ETHICAL REVIEW

1(5)

Department of Health Sciences

Send the application to:
Högskolan Väst
Eva-Lena Fast
461 86 Trollhättan

New application Completion current application Nr: _____

Information about applicant

Name of applicant
Co applicant
Department/Education
Adress
Phone number
E-mail

Certified proof of authorization from department, clinic or similar

Titel
Name
Signature
Project titel



APPLICATION FOR ETHICAL REVIEW

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Department of Health Sciences

The research problem in a global context

Previously reported results in the area

Aim and questions of issue



APPLICATION FOR ETHICAL REVIEW

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Department of Health Sciences

Justification of the data collection method and selection (questionnaire, interview guide, etc. as well as information letters and attestation of informed consent of research subjects are attached as appendices)

Data collection

References and attachments

What ethical problems may arise from the project?



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What measures have been taken to eliminate or reduce the risk of these ethical problems?

What is the expected scientific or practical value of the project?

Applicant's signature, city and date

The supervisor's signature, city and date



APPLICATION FOR ETHICAL REVIEW ⁵⁽⁵⁾

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Pronouncement

Application

- Is endorsed
- Must be complemented
- Rejected

The committee's comments

Signature:

Date

Name