

Public Health Research Ethics Application

1. Applicant Information

Principal Investigator Name:

Affiliation/Institution:

Email:

Contact Number:

2. Project Details

Project Title:

Co-Investigators (List):

Project Duration (Start - End Date):

Funding Source (if any):

3. Research Summary

Background & Rationale:

Objectives:

Methodology:

Participant Criteria (Inclusion/Exclusion):

4. Ethical Considerations

Potential Risks to Participants:

Potential Benefits:

Informed Consent Process:

Privacy & Confidentiality Measures:

Protection of Vulnerable Groups (if applicable):

5. Data Management

Type of Data Collected:

Data Storage & Security:

Who Will Have Access to Data:

Plans for Data Sharing/Publications:

6. Additional Information

Has this protocol been reviewed elsewhere? If so, provide details:

Other Relevant Information: