Educational Research Ethics Approval Request Form

Researcher Information

| Name |
|---------------------------------------|
| Affiliation/Institution |
| |
| Email |
| Contact Number |
| |
| Project Details |
| Project Title |
| |
| Supervisor (if applicable) |
| Purpose of Research |
| Participant Description |
| Methods & Ethical Considerations |
| Methods of Data Collection |
| |
| How will you obtain informed consent? |
| |

Potential Risks to Participants

| How will you ensure confidentiality and data security? | |
|---|--|
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| Declaration | |
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| I confirm that the information provided is accurate and complete. | |