

Vulnerable Populations Ethics Approval Request Form

Applicant Details

Name

Position / Role

Institution / Department

Email

Project Details

Project Title

Proposed Start Date

Proposed End Date

Project Summary

Vulnerable Population Details

Vulnerable Population Description

Justification for Involvement

Recruitment and Consent Process

Risk Assessment & Mitigation

Potential Risks to Participants

Risk Mitigation Strategies

Additional Information

Confidentiality Measures

Support Services Available

Declarations

- ☐ I confirm that the information provided is accurate.
- ☐ I agree to comply with all applicable ethical standards and regulations.