

Case Study Ethics Approval Form

Applicant Information

Full Name

Position / Title

Department / Organization

Email Address

Phone Number

Case Study Details

Case Study Title

Purpose and Objectives

Target Participants

Methods of Data Collection

Estimated Duration

Ethical Considerations

Potential Risks to Participants

How will consent be obtained?

How will privacy and confidentiality be ensured?

☐ Data will be anonymized

Review and Declaration

☐ I confirm that the information provided is accurate and complete.

Date

Signature