

**Ethics Committee for Language Matters (ECLM)**

**Application For Approval Of Sub-Projects Under Umbrella Projects**

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| --- | --- |
| **Ethics certificate number of umbrella project** |  |
| **Title of umbrella project** |  |
| **Period of validity of umbrella project** |  to |
| **Title of sub-project within umbrella project**(if applicable) |  |
| OR |
| **Amendment/expansion request of umbrella project**(if applicable) |  |
| **Date of request** |   |
| **Expiry Date** |  |
| **Responsible persons** | **Umbrella project** | **Sub-project** |
| **Researcher/project leader/ study leader/promoter:** | **Student / member of staff (student/staff number):** |
| **Researcher /project leader/ study leader/promoter:** |
| **Is this proposal approved on school/entity level?** | Yes | If so, name the committee and committee members responsible for the final approval Date: |
| No | If not, have the proposal approved first before applying for ethics approval |
|  |
| **Are participants in the same age category as those in the umbrella project?** | Yes | If so, how will over utilisation of subjects be prevented? |
| No | If not, motivate |
|  |
| **Does the sub-project include the collection of additional data that was not mentioned in the original application?** | Yes | If so, give full detail |
| No | If not, describe the data that will be used |
|  |
| **Is the methodology the same?** | Yes | If so, describe fully in the table below |
| No | If not, describe fully in the table below |
| **UMBRELLA PROJECT** | **SUB-PROJECT** |
| **Aim/objective:** |
|  |  |
| **Method:** |
| **Sample:**(population, sampling and size) |
|  |  |
| **Data collection:**(method, process) |
|  |  |
| **Data analysis:**(Please give a comprehensive description of how ethical issues will be ensured in this sub-project)  |
|  |  |
| **Detailed description of ethical aspects of the sub-project:** |
|  |
| **PLEASE ATTACH APPROVED PROPOSAL** |
| **PLEASE ATTACH INFORMED CONSENT LETTERS**  |
| **PLEASE ATTACH QUESTIONNAIRES & OUTLINES OF INTERVIEW / FOCUS GROUP DISCUSSIONS (where applicable)** |
| **PLEASE ATTACH PERMISSION LETTER FROM UMBRELLA PROJECT-LEADER** |
| **Student****Researcher/project leader/ study leader/promoter** | **Initials and surname** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
| **APPROVED** |  | **DISAPPROVED** |  |
| **Notes:** |
| **Ethic Committee****Chair person** | **Initials and surname** | **Signature** | **Date** |
|  |  |  |