

**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** | |
|  | | | |  | |  | |