Research Ethics Committe
Faculty of physical therapy
Beni-suef university

لجنة اخلاقيات البحوث العلمية
كلية العلاج الطبيعي
جامعة بني سويف

جامعه بني سويف
كليه العلاج الطبيعي
لجنه اخلاقيات البحث العلمي (FPTBSU-REC)

Application Form For Ethical Review

NOTES:

- Answers to questions must be entered in the space provided.
- An electronic version of the completed form should be submitted to the Research Ethics Officer, at the following email address: NF.REC@PT.BSU.EDU.EG……. Please, submit another paper copy.
- If you have any queries about the form, please address them to the Research Ethics Team.

FACULTY OF PHYSICAL THERAPY, Beni-Suef University **APPLICATION FOR ETHICAL REVIEW**	*OFFICE USE ONLY:* Application No: Date Received:

1. TITLE OF PROPOSAL

2. THIS PROPOSAL IS:

Physical Therapy Staff Research **Proposal** ☐
Physical Therapy Postgraduate Research (PGR) Student Proposal
Master ☐ Doctoral ☐

3. INVESTIGATORS

a) PLEASE GIVE DETAILS OF Student (For Post Graduate Student Proposal) or first author for staff Research Proposal

Name: Title / first name / family name	
Highest qualification & position held:	
Department/Faculty/ University	
Telephone:	
Email address:	

b) PLEASE GIVE DETAILS OF ANY CO-SUPERVISORS OR CO-INVESTIGATORS (For Post Graduate Student Proposal) or co- first author for staff Research Proposal

Name: Title / first name / family name	
Highest qualification & position held:	
Department/Faculty/ University	
Telephone:	
Email address:	

Name: Title / first name / family name	
Highest qualification & position held:	
Department/Faculty/ University	
Telephone:	
Email address:	

Name: Title / first name / family name	
Highest qualification & position held:	
Department/Faculty/ University	
Telephone:	
Email address:	

4. SUMMARY OF PROPOSAL

PURPOSE:……
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BACKGROUND:……
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HYPOTHESES:……
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RESEARCH QUESTION:
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5. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

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6. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

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7. RECRUITMENT

Please state clearly how the participants will be identified, approached and recruited.

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

8. CONSENT

Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why**.** If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

I am freely and voluntarily consent to participate in a research program under the direction of M.Sc.
A thorough description of the procedure has been explained and I understand that I may withdraw my consent and discontinue participation in this research at any time without prejudice to me.
Date Participant

إقرار

أقر انا الموقع أدناه أنني وفقت علي الأشتراك في برنامج البحث تحت إشراف الباحث
وقد تم شرح خطوات البحث لي بالتفصيل وأنه من حقي أن انسحب من الدراسة في أي وقت أشاء
التاريخ المشارك

Note: Attach a copy of the consent form, participant information sheet (if applicable).

PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

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b) Explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

9. CONFIDENTIALITY

a) Will all participants be anonymous? **Yes** ☐ **No** ☐
b) Will all data be treated as confidential? **Yes** ☐ **No** ☐

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

10. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

RISKS

Outline any potential risks to **INDIVIDUALS**, including research participants, research staff, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishappening

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11. DECLARATION BY APPLICANTS

I submit this application on the basis that the information it contains is confidential and will be used by the Faculty of Physical Therapy for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I will report any changes affecting the ethical aspects of the project to the Faculty of Physical Therapy Research Ethics Officer.
- I will report any adverse or unforeseen events which occur to the relevant Ethics Committee via the Faculty of Physical Therapy Research Ethics Officer.
- **All researchers have read the scientific research charter online.**

Name of Principal investigator/project supervisor:	
Date:	