This Research Ethics Clearance Application Form is to be used by staff or students seeking ethical approval for any research project or dissertation.

The completed form should be emailed to the Research Unit (researchunit@mie.ac.mu). No handwritten application will be accepted.

Research should **NOT** start until approval has been received from the Research Ethics Committee of the Research Unit.

**To be filled by the Applicant**

**Section A: Applicant Details**

|  |  |
| --- | --- |
| Name of Applicant (Surname, First Name) |  |
| Title |  |
| Email address |  |
| Phone number |  |
| Department at MIE |  |
| School/Centre at MIE |  |
| Programme (B.Ed, etc.or n/a) |  |
| Type |   Academic staff (Principal Investigator) |
|   Undergraduate student; Student ID:  |
|   Postgraduate student; Student ID:  |

***Section B: Project Details***

|  |  |
| --- | --- |
| Title of Dissertation/Project |  |
| Do you already have ethical clearance?[*Has ethical clearance been already obtained from a partnering institution?]* |  Yes  No |
| Start & End Dates of the Project | Start Date: ………………………………………………. End Date:…………………………………………………  |
| What instruments will you use? |  Questionnaire Interview Data-based Observation Other – to *provide the information* |
| Has the research proposal been peer-reviewed? |  Yes No Not Applicable |

***Section C: Project Details & Methods***

|  |  |
| --- | --- |
| What is(are) the aim(s)/research question(s) and objective(s) of the study? |  |
| What research method/design will be adopted?*(not more that 300 words)* |  |
| 1. Who are the participants?
2. How will they be selected?
3. Where will the study take place?

*(not more than 300 words)* |  |
| 1. What are the associated benefits and risks of the participants in this study? How will you address the risks?

*(not more that 300 words)* |   |
| Consent *(to attach a copy of each instrument)* |  Consent from Gatekeeper Consent Forms  Participants Information Sheet Questionnaire(s)  Interview Questions Other Documents - …………………………………………. *(to specify)*  |

 **To be completed by the Supervisor**

This Ethical Clearance Form has been discussed with the Supervisor.  Yes  No

**Signature of Supervisor:** …………………………………….…………………………….

**To be filled by the Ethics Committee**

The Ethics Committee has looked into this ethical application request and recommends the following:

 Approved  Revisions Required  Not Approved

|  |  |
| --- | --- |
| Name of Chair  |  |
| Signature  |  |
| Date |  |

*Research Unit & Higher Studies Cell*

*Mauritius Institute of Education*

*02 March 2020; reviewed 04 March 2021*