



RESEARCH REQUEST

Request for approval for students to conduct research with respect to their dissertation with Aġenzija Sapport.

Please fill in using block letters. If the form is typed, you may follow this format on separate sheets or use additional pages if necessary.

Details of applicant:

Name: _____

Surname: _____

Id card number: _____

Passport number:
(if you do not have a maltese id) _____

Address: _____

Locality: _____

Tel. Number/s: _____

Mob number/s: _____

E-mail/s: _____

Details of course being followed:

Course: _____

University/educational entity: _____

Course year: _____

Department: _____

Proposed title of dissertation: _____

Brief description (*please give a brief description of the aim/s of the research*):

Name of research supervisor: _____

Supervisor's tel / email: _____

Name of research supervisor (2): _____

Supervisor's (2) tel / email: _____

Estimated duration of entire project: From _____ To _____

Number of participants required: _____

Salient characteristics of participants required:

Which of the following data categories are collected?

Data that reveals:

Race / ethnic origin Yes ___ No ___ Political opinions Yes ___ No ___

Health Yes ___ No ___ Sex life Yes ___ No ___

Religious / philosophical beliefs Yes ___ No ___ Trade union memberships Yes ___ No ___

Genetic information Yes ___ No ___

Other potentially sensitive information _____
(please specify)

How do you plan to analyse collected data?

Do participants risk any harm - physical, psychological, legal, social - by participating in the research? *(are the risks necessary? what safeguards do you take to minimise the risks?)*

Are participants deliberately deceived in any way? *(If so, what is the nature of the deception? Is it likely to be significant to participants? Is there any other way to conduct the research that would not involve deception, and, if so, why have you not chosen that alternative? What explanation for the deception do you give to participants following their participation?)*

Are there any other potential ethical issues? *(Please explain how these will be dealt with.)*

How will participation in this research benefit participants? (If participants will be “debriefed” or receive information about the research project following its conclusion, how do you ensure the educational value of the process? Include copies of any debriefing or educational materials.)

Please attach the following to your application, if applicable:

	Yes	No	Not applicable
Reference Letter of Supervisor			
Tests, interview guidelines or questionnaires to be used			
Information sheets or debriefing materials			
Participant instructions and consent forms			
Other materials used			
Other institutional approvals (e.g. ethics board)			

Requests will only be processed once all relevant documents (where applicable) are submitted in addition to this form.

TERMS AND CONDITIONS FOR APPROVAL IN TERMS OF THE DATA PROTECTION ACT

- Personal data shall only be collected and processed for the specific purpose to conduct the research, and for no other purpose.
- The data shall be adequate, relevant and not excessive in relation to the processing purpose.
- All reasonable measures shall be taken to ensure the correctness of personal data.
- Personal data shall not be disclosed to third parties and may only be required by Aġenzija Sapport or the supervisor for verification purposes. All necessary measures shall be implemented to ensure confidentiality and, where possible, data shall be made anonymous.
- All references to personal data should be omitted unless consent is specifically obtained from the person identified in the research report.
- At the end of the research, all personal data will be destroyed.
- Unless otherwise authorised by the Aġenzija Sapport Research Review Panel/Research Office, the researcher shall obtain the consent from the data subject (respondent) and provide them with the following information:
 - the researcher's identity and contact information;
 - purpose of processing the data;
 - the recipients to whom personal data may be disclosed; and,
 - his/her rights to access, rectify, and where applicable erase the data concerning him.

I / we, the undersigned hereby undertake to abide by the terms and conditions for approval as attached to this application.

(Tick if you agree)

I / we, the undersigned, also give my / our consent to Aġenzija Sapport to process my / our personal data for the purpose of evaluating my / our request and other matters related to this application. I / we also understand that, I / we can request in writing a copy of my / our personal information. I / we can also request rectification, blocking or erasure of such personal data that has not been processed in accordance with the Act.

(Tick if you agree)

I / we, the undersigned, understand that I /we am / are to submit a copy of my / our assignment / project to the Aġenzija Sapport's Research Office, once it is finalised and a grade has been allocated.

(Tick if you agree)

APPLICANT SIGNATURE: _____ **DATE:** _____

(I hereby declare that I will not start my research with Aġenzija Sapport without the approval of the Aġenzija Sapport's Research Department.)

RESEARCH OFFICE SIGNATURE: _____ **DATE:** _____

(I have reviewed this completed application and I am satisfied with the adequacy of the proposed research design.)

Return the completed application to Research Office, Aġenzija Sapport, Triq Patri Ġ. Azzopardi, Sta. Venera SVR 1614.