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***Version:*** *1.0* ***Last Updated:*** *15 October 2025*

**FORM 1: APPLICATION FORM**

**PART A: Brief Details of Project**

1. Research Title : Click here to enter text.

Start Date for Data Collection : Click here to enter text.

1. Principal Investigator/Supervisor

Name :Click here to enter text.

Title : Click here to enter text.

Position :Click here to enter text.

Telephone : Click here to enter text.

Email : Click here to enter text.

Department :Click here to enter text.

Academy/Faculty/Institute/Centre : Click here to enter text.

1. Co-Investigator (if any)

Name :Click here to enter text.

Title : Click here to enter text.

Position :Click here to enter text.

Telephone : Click here to enter text.

Email : Click here to enter text.

Department :Click here to enter text.

Academy/Faculty/Institute/Centre : Click here to enter text.

1. Student Principal Investigator (PI) only

Name :Click here to enter text.

Title : Click here to enter text.

Position :Click here to enter text.

Telephone : Click here to enter text.

Email : Click here to enter text.

Department :Click here to enter text.

Academy/Faculty/Institute/Centre : Click here to enter text.

Name of Degree/Programme : Click or tap here to enter text.

Please tick:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Undergraduate | Master (Coursework) | Master  (Research) | Master  (Mix-mode) | PhD |

1. Research funding/Grant :Click here to enter text.
2. Amount of Research Grant : Click here to enter text.

**PART B: Data Collection**

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1. New data to be collected from human participant. Please tick any that apply.

|  |  |
| --- | --- |
|  | Focus group |
|  | Experimental procedures/treatment/intervention |
|  | Internet survey |
|  | Observation |
|  | Personal interviews |
|  | Telephone survey |
|  | Action research |
|  | Questionnaire |
|  | Others (please state):Click here to enter text. |

1. Existing records with personal data.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Brief description of study.
2. Background of study (less than 300words).
3. Rationale of study/problem statement
4. Objective(s) of study.
5. Study participants (new data to be collected from human participants).
6. Study sample. Please specify.
7. How will participants be recruited? Please specify.
8. Who will perform the data collection?

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1. Participant inclusion criteria (e.g. residents aged 18 years and above).
2. Participant exclusion criteria.
3. Are the participants given any form of payment/incentive to participate?

**PART C: Risk and Benefits**

1. Possible benefits to participants
2. Risk of harm (new data to be collected from human participants).

|  |  |  |
| --- | --- | --- |
| RISK | YES | NO |
| Will the study involve intervention, such as action research/treatment of any type? If YES, please give details:  Click here to enter text. |  |  |
| Is it possible that the duration of the procedures will cause minimal stress, in particular, for children, given their age and capacity? |  |  |
| Is it possible that the study will involve greater than minimal privacy risks, which could induce stress to research participants, such as political behaviour, illegal and sexual conduct, drug or alcohol use? |  |  |
| Will the study cause psychological stress/pain/discomfort?  If YES, please state the precautions taken to minimize such stress/pain/discomfort/risk : |  |  |
| Are any of these participants from a minority/culturally identifiable/disadvantaged group? (e.g. *Orang Asli*)  Please specify: Click here to enter text. |  |  |
| Will this study pose potential risk or harm to the researcher? |  |  |

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1. If any of the responses above is yes, describe potential risk/conflict of interest of the study and provide a plan to mitigate the risk/conflict of interest.

**PART D: Privacy and Confidentiality**

1. Describe how you will preserve participant’s confidentiality as you collect and analyse the data and when you report the result
2. Existing data (if you are using existing records containing personal data).
3. Please state the source of the data.
4. Are the data sensitive? (e.g. sexual preference, health status, criminal activity

|  |  |
| --- | --- |
|  | YES |
|  | NO |

1. Please provide full details of types of personal data to be used:

Click here to enter text.

1. Data record.
2. Describe briefly how the research data will be recorded, for example, audiotape, videotape or written notes.

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1. Describe what you will do with the recorded data once it has been analysed.
2. Specify who apart from yourself will have access to the research data.
3. Details who will own the data and the results of your research.

**PART E: Conflict of Interest**

1. Do any of the researchers have any potential conflicts of interest?

**PART F: Attachments**

Please tick the boxes- which of the following documents are enclosed.

|  |  |
| --- | --- |
|  | Questionnaire/ interview script |
|  | Participant Information Sheet |
|  | Informed Consent Form |
|  | Others : Please state :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART G: Declaration**

“In making this application, I certify that I have read and understand the Code of Ethics and University of Malaya Manual for Responsible Research and I will comply with the ethical principles of these documents. I will submit, as appropriate, a report for amendment of an approved project, if there are significant changes to my research or if there is an adverse incident”.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp :

I hereby endorse that this applicant is appropriately qualified in the research area involved to conduct the proposed research project and is capable of undertaking this research study in a safe and ethical manner.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Deputy Dean of Research)

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Stamp :