NATIONAL LIBRARY
N L S L OF SRI LANKA

ETHICS REVIEW COMMITTEE FOR THE RESEARCH IN LIBRARY & INFORMATION SCIENCE (LIS-ERC)

For Office Use Only
Application Number: LIS-ERC/ NLSL/2023 / 001
Date Received: _____/_____/20____

APPLICATION FORM

This application should be filled and signed by the principal investigator who requests ethical approval for a research project. All co- investigators should provide consent to submit the application to LIS-ERC by signing the application. Please read the guidelines for application available at NLSL website carefully before filling out the application.

Please note that applications cannot be considered for ongoing projects. Along with this application, please submit a detailed research proposal (synopsis)/protocol, consent forms, checklist and all other relevant documents necessary.

This application form consists of three sections:

SECTION A: GENARAL INFORMATION – RESEARCHER DETAILS

SECTION B: RESEARCH DETAILS – ETHICAL ISSUES

SECTION C: RESEARCH DETAILS- REVIEWER CHECK LIST

Applicant must complete all three sections and attach research proposal (according to the guidelines provided by the NLSL).

SECTION A – GENERAL INFORMATION - RESEARCHER DETAILS

A.1. TITLE OF THE RESEARCH:

Location of research (e.g. Institutions, communities)	Expected Date of Commencement of Research: Expected Date of Completion of Research:

A.2. Details of the Investigators (Should provide principal investigator's name first).

Title: (Rev./Prof./Dr./Mr./Ms): **Name, Designation and Affiliation**		**Role** **(State whether principal investigator, co-investigator, supervisor).**	**Signature**
01.			
02.			
03.			
04.			

A.3. Contact Details of the Principal Investigator

3.1	Postal Address	
3.2	Email Address	
3.3	Telephone	Official: Mobile:

SECTION B – DETAILS OF THE RESEARCH – ETHICAL ISSUES

Please provide answers to all of the following questions.

B.1. Provide a brief description of your research (Background of the study, aims and objectives, data collection, sampling, methodology, chronological/ geographical distribution etc.)

Use additional sheet if necessary.

B.2. Has the relevant board of study approved the research project (if applicable)?

Yes: ☐ No: ☐ ☐ Pending Approval

If Yes, Details:

……

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……....

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B.3. Has ethics approval for this study been requested earlier from LIS-ERC of NLSL?

Yes : ☐ No: ☐

If Yes, ERC NO: ……..

B.4. Funding (if any)

Yes : ☐ No: ☐

Name and address of the funding source: **(Attach** relevant details)

……

……

B.5. Do you believe the proposed project has conflicts of interest?

Yes: ☐ No: ☐

If Yes, Details:

……

……

……

SECTION C: RESEARCH DETAILS - REVIEWER CHECK LIST

(Applicant should indicate the number of the protocol section where each issue is addressed in their research proposal. If a particular issue is not relevant to your study indicate that as 'NA') (Eg: if your objectives appear in pg.no.3, of the proposal then mention 3 as the protocol pages).

		For Applicant	For Reviewer			
C.1	**Social Value**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Benefits of the study to the community / society		☐	☐	☐	
II	Plan for dissemination of study findings		☐	☐	☐	
III	Scientific importance of the study		☐	☐	☐	

C.2	**Scientific validity**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Title		☐	☐	☐	
II	Research problem		☐	☐	☐	
III	Research questions/hypothesis		☐	☐	☐	
IV	Objectives		☐	☐	☐	

V	Study setting		☐	☐	☐	
VI	Study design		☐	☐	☐	
VII	Study population (giving inclusion exclusion criteria)		☐	☐	☐	
VIII	Sample size		☐	☐	☐	
XI	Sampling method		☐	☐	☐	
X	Measurements / variables		☐	☐	☐	
XI	Study instruments (data collection method/s		☐	☐	☐	
XII	Procedures to ensure quality of data		☐	☐	☐	
XIII	Plan for analysis		☐	☐	☐	
XIV	Ethical considerations		☐	☐	☐	
XV	Budget (if relevant)		☐	☐	☐	
XVI	Work plan and time frame		☐	☐	☐	

XVII	Justification for a replication study, if your study is a replication.		☐	☐	☐	

***NA- Not Applicable**

C.3	**Fair participant selection and vulnerability***	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Justification for selection of study population		☐	☐	☐	
II	Justification for conducting the study in a vulnerable population		☐	☐	☐	

***children, women, people with disabilities, people with psycho-social issues, sexually marginalized populations etc..**

C.4	**Participants rights and consent**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Procedure for recruiting the participants		☐	☐	☐	
II	Information provided to the participants		☐	☐	☐	
5	Procedure for obtaining informed consent		☐	☐	☐	
IV	Procedure for obtaining proxy consent		☐	☐	☐	

V	Procedure for withdrawing consent		☐	☐	☐	
VI	Incentives provided to participants		☐	☐	☐	
VII	Procedure for participants to ask questions / lodge complaints		☐	☐	☐	
VIII	Participants right to decline consent		☐	☐	☐	

C.5	**Confidentiality and Privacy**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Steps to ensure confidentiality of data		☐	☐	☐	
II	Justification for collecting personal identification data		☐	☐	☐	
III	Steps taken to ensure privacy during data collection		☐	☐	☐	
IV	How long data and samples will be kept		☐	☐	☐	
V	Who will have access to the data		☐	☐	☐	
VI	Procedure for storage of data and samples		☐	☐	☐	

VII	Procedure for disposal of data		☐	☐	☐	

C.6	**Risk Benefit Assessment**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Potential risks to the participants		☐	☐	☐	
II	Potential benefits to the participants		☐	☐	☐	
III	Justification for risks against benefits		☐	☐	☐	
IV	Steps taken to minimize risks		☐	☐	☐	

C.7	**Responsibilities of the researcher**	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Ethical, legal, financial issues related to the study		☐	☐	☐	
II	Any conflicts of interest and how the researcher plans to manage them		☐	☐	☐	
III	Permissions from relevant institutions / authorities		☐	☐	☐	
IV	Collaborations with the relevant stakeholder		☐	☐	☐	
V	Qualifications of the research team to handle the research study		☐	☐	☐	

C.8	Foreign funded studies	Protocol Page/s	Reviewer Evaluation			
			Acceptable			Comments
			Yes	No	NA	
I	Justification for conducting the study in SL		☐	☐	☐	
II	Relevance of the study to SL		☐	☐	☐	
III	Post research benefits to SL		☐	☐	☐	
IV	The sharing of intellectual property rights		☐	☐	☐	
V	How the results will be conveyed to authorities in SL		☐	☐	☐	

*** SL – Sri Lanka**

SECTION D- DECISION NOTIFICATION BY THE REVIEWERS

For Office Use Only - To be filled by the reviewers:

Decision of the Reviewer:

Approved	☐
Conditional Approval (please mention the conditions below)	☐
Resubmit (please mention the reasons below)	☐
Reject (Reasons can be given under the comments that can be communicated to the principal investigator)	☐

Give reasons for your decisions:

_____

_____

_____

_____

_____

_____

_____

(Use additional sheets if necessary).

Name of the Reviewer/s	Signature of the Reviewer/s	Date

Confirmed by LIS-ERC secretary: Signature _____ Date _____

LIS-ERC DECISION NOTIFICATION

Name of Applicant: Prof./ Dr./Mr./Ms. ……

Application Number: LIS-ERC/ NLSL/20_____ /_____

Date received:

……/……../……

LIS-ERC Meeting Date:
……/……../……

Thank you for submitting the ERC application for the research title

……

……. It was considered by the ethics review committee at its meeting held on ……The LIS-ERC decision is as follows;

Approved	☐
Conditional Approval	☐
Resubmit	☐
Reject	☐

☐ If LIS-ERC recommends conditional approval/rejection the comments of the reviewers are attached for your information.

……
Secretary
LIS-ERC
National Library of Sri Lanka

Date: .....

Application Form for Ethics Review – Submission Check List

For Office Use Only:

Application Number: **LIS-ERC/ NLSL/20_____ /_____** Date Received: __/__/20__

To be filled by the Applicant:

Title of the Research:

Name of the Principal Investigator:

Document	Version	Date
1. Application form (3 copy)		
2. Detailed Research Proposal (3 copies)		
3. Summary of the Research Proposal - One page (3 copies)		
4. All study instruments (questionnaires/interview guides/checklist/data extraction forms) in English (3 copies)		
5. All study instruments – Sinhala Translation if Applicable (3 copies)		
6. All study instruments – Tamil Translation if Applicable (3 copies)		
7. Information Sheet in English (3 copies)		
8. Information Sheet -Sinhala Translation if Applicable (3 copies)		
9. Information Sheet - Tamil Translation if Applicable (3 copies)		
10. Consent Forms in English (3 copies)		
11. Consent Forms - Sinhala Translation if Applicable (3 copies)		
12. Consent Forms - Tamil Translation if Applicable (3 copies)		
13. Any other relevant documents in (3 copies)		
14. Any other relevant documents - Sinhala Translation if Applicable (3 copies)		
15. Any other relevant documents - Tamil Translation if Applicable (3 copies)		
16. Short curriculum vitae of all investigators (Maximum 2-3 pages) (3 copies)		

I understand that the application for ethics clearance will not be accepted unless all documents are submitted.

_____ _____

Signature of the Principal Investigator **Date**

Declaration

01. As the principal investigator of this project, my signature confirms that I will ensure that all procedures performed under the project will be conducted in accordance with all relevant national and international policies and regulations that govern research involving people.

02. I understand that if there is any significant deviation from the project as originally approved, I must submit an amendment to the LIS-ERC of the NLS for approval prior to its implementation.

03. I have submitted all significant previous decisions by this or any other ERC and /or regulatory authorities relevant to the proposed study.

04. I declare that I am not seeking approval for a study that has already been commenced or has already been completed.

05. I understand that at least two months are required for ethics review and granting ethics clearance.

06. I promise to report on all developments and drawbacks during the implementation of the research in accordance with the ERC guidelines.

_____ _____

Signature of principal investigator Date

Full name of principal investigator:

_____

_____

NIC/ Passport Number: _____ (Attach a copy of the NIC or pasport).

The application processing fee of Rs.2000/- should be paid to ERC fund (A/C No. 167-1-001-6-3170315 of people's bank. Town hall Branch.

(Attach the bank payment slip)

Emil all relevant documents to ethicsreview@lis.natlib.lk