

REQUEST FOR APPROVAL TO THE ETHICS COMMITTEE OF THE DEPARTMENT OF HUMAN SCIENCES

Before starting to fill out the form, please consult the regulations of the Ethics Committee (file name: **RegolamentoCE**), the instructions for submitting requests to the EC (file name: **IstruzioniCE**), and the sample informed consent forms (**FacSimileConsensoCE**) BY [CLICKING HERE](#)

Please select the form to fill out *

Choose one of the following answers

Please choose **only one** of the following:

☐ **NEW REQUEST** (Form for the submission of a NEW request for an opinion to the Ethics Committee)

☐ **REVISION** (Form for requesting the INTEGRATION of material for a request for review already evaluated by the Ethics Committee)

☐ **EXTENSION** (Form for the request of EXTENSION - e.g., temporal extension, with different samples, modifications in the instruments, etc. - of a research already approved by the Ethical Committee. Important note: If the approval occurred by a different Ethical Committee from the present one, fill out the form for a New Request of Opinion, attaching the documentation on the previous approval)

NEW REQUEST

SECTION 1: GENERAL INFORMATION

Project title *

Please write your answer here:

Acronym (choose a pronounceable acronym, helpful for a rapid identification of the project) *

Please write your answer here:

Surname and name of the proposer *

Please write your answer(s) here:

Surname

Name

Please insert the email address of the proposer *

Please check the format of your answer.

Please write your answer here:

Keywords (choose 3 to 5 keywords)

Please fill in at least 3 answers

Please write your answer(s) here:

First keyword

Second keyword

Third keyword

Fourth keyword

Fifth keyword

Academic position of the proposer *

Choose one of the following answers

Please choose **only one** of the following:

☐ Professor or researcher

☐ PhD student

☐ Post-Doc

☐ Graduating student

☐ Other

Supervisor *

Only answer this question if the following conditions are met:

Answer was 'PhD student' or 'Post-Doc' or 'Graduating student' or 'Other' at question
(Academic position of the proposer)

Please write your answer(s) here:

Surname

Name

Are there other researchers that are involved in the research? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Please indicate Surname, Name, Affiliation, and Role of the other involved researchers (insert the data of a person in a row, then start a new line and insert the data of the next person, as reported in the example below).

- Smith John, University of Verona, Researcher
- Mac Duff Sue, University of Rome, Professor

*

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Are there other researchers that are involved in the research?)

Please write your answer here:

(maximum 1500 characters, spaces included)

Research area (it is possible to select more than one area. If the area is not listed below, please specify "Other") *

Select all that apply

Please choose **all** that apply:

☐ Anthropology

☐ Philosophy

☐ Pedagogy

☐ Psychology

☐ Political sciences

☐ Sociology

☐ Other:

Is any foreign research unit involved in the project? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

NEW REQUEST

SECTION 2: PROJECT DESCRIPTION

Questa sezione raccoglie alcune informazioni più dettagliate sul progetto

Please briefly describe the objectives *

Please write your answer here:

(maximum 1500 characters, spaces included)

Expected number of participants (approximately)

*

Only an integer value may be entered in this field.

Please write your answer here:

Sex of the participants

*

Select all that apply

Please choose **all** that apply:

☐ Male

☐ Female

☐ Other:

Age of the participants *

Select all that apply

Please choose **all** that apply:

☐ Minors (under 18 years old)

☐ Adults (age of 18 or over)

Eventual conditions of fragility of the participants

*

Select all that apply

Please choose **all** that apply:

- ☐ Physical disability
- ☐ Psychological disability
- ☐ Belonging to a stigmatized social group
- ☐ None

☐ Other:

Please briefly describe how the participants will be recruited. Please provide the necessary information for understanding whether their right to freely and voluntarily participate in the research will be respected and clarify if personal data (also particular ones) will be required, as requested by the European GDPR. If any organization is involved (e.g., schools or companies), authorization must be requested to the person responsible for the organization (e.g., school principal) *

Please write your answer here:

(maximum 1500 characters, spaces included)

Methods and instruments *

Select all that apply

Please choose **all** that apply:

- ☐ Standardized instruments
- ☐ Questionnaires/tests developed ad hoc for the research
- ☐ Interviews
- ☐ Focus groups
- ☐ Observation
- ☐ Laboratory experiment
- ☐ Audio/video-recordings

☐ Other:

Please upload the authorization request to the organization (if applicable; **file name: "acronym_authorization"**)

Please upload at most one file

Kindly attach the aforementioned documents along with the survey

Inserire un unico file di dimensioni inferiori a 8 MB (8192 KB)

Please briefly describe the procedure.

Note: In the case of standardized instruments, please indicate the references useful to retrieve the instrument and, if possible, to understand the related theoretical framework; however, it is useful to upload the instrument, even if it has been standardized. In case of instruments developed ad hoc, interviews, or focus groups, please upload the instruments and/or the drafts of interviews and focus groups. Declare and describe the possible use of Artificial Intelligence

*

Please write your answer here:

(maximum 5000 characters, spaces included)

Please upload the instruments, drafts of interviews and focus groups, and/or observation grids, etc (**file name: "acronym_instruments"**). Please note that the Ethics Committee needs to examine all the research instruments or at least their drafts when the materials are only partially defined

Please upload at most 10 files

Kindly attach the aforementioned documents along with the survey

Inserire uno o più file (massimo 10) di dimensioni inferiori a 8 MB ciascuno (8192 KB)

Risks for the participants (please specify the nature and extent of the risks, justify the research based on harms/benefits, specify precautions to limit harms and which kind of support is offered to the participant; the informed consent form must include these details). At least one risk must be identified, and at least one precaution and one type of support must be specified. Statements such as "this research presents no risk" are not acceptable *

Select all that apply

Please choose **all** that apply:

- ☐ Mild emotional distress
- ☐ Fatigue
- ☐ Intrusiveness of the topics
- ☐ Use of videocameras, photos

☐ Other:

Please describe how you intend to cope with the risks

*

Please write your answer here:

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.

(maximum 1500 characters, spaces included)

NEW REQUEST

SECTION 3: INFORMED CONSENT AND INFORMATION TO PARTICIPANTS

Is informed consent requested in written or oral form? We advise you to use oral form accompanied by a video recording of the participants' declaration of consent *

Choose one of the following answers

Please choose **only one** of the following:

☐ Written

☐ Oral

The person/s to whom the informed consent is requested is *

Select all that apply

Please choose **all** that apply:

☐ The participant/s

☐ The person who exercises the power of consent (in the case of minors or persons with mental disabilities or in other cases)

☐ Other:

Is/Are the participant/s (and/or the person who signs the consent) informed about the possibility of withdrawing at any time from the research, without providing explanations and without incurring any penalty, obtaining the non-use of data? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

In case of a negative answer (i.e., "No"), please specify the reason

*

Only answer this question if the following conditions are met:

Answer was 'No' at question (Is/Are the participant/s (and/or the person who signs the consent) informed about the possibility of withdrawing at any time from the research, without providing explanations and without incurring any penalty, obtaining the non-use of data?)

Please write your answer here:

(maximum 1500 characters, spaces included)

Is any form of deception foreseen?

Important note: in case of deception, it is necessary to ask again for consent for the use of the collected data, after explaining the nature of the deception and the real purposes of the research

*

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Is all relevant information (which may affect the freedom of choice or the decision to participate in the research) given before the beginning of the research?

*

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

In case of a negative answer (i.e., "No"), please specify the reason

*

Only answer this question if the following conditions are met:

Answer was 'No' at question (Is all relevant information (which may affect the freedom of choice or the decision to participate in the research) given before the beginning of the research?)

Please write your answer here:

(maximum 1500 characters, spaces included)

Please upload the information form and declaration of consent for the participation in the research and personal data processing

Important note. The two declarations must be distinct, whether the form is written or oral. In the case of the use of deception, please also upload here the consent to the use of data collected deceptively (**file name: "acronym_consensus"**)

Please upload between 1 and 10 files

Kindly attach the aforementioned documents along with the survey

Inserire uno o più file (massimo 10) di dimensioni inferiori a 8 MB ciascuno (8192 KB)

The participant/s is/are informed about the research purposes *

Select all that apply

Please choose **all** that apply:

☐ At the beginning of the research

☐ During the research

☐ At the end of the research

☐ Other:

If you chose "During the research" or "At the end of the research", please justify the choice

*

Please write your answer here:

A large, empty rectangular box with a thin black border, intended for the user to write their justification. It occupies the majority of the page below the question.

(maximum 1500 characters, spaces included)

I declare that the informed consent form specifies that for any doubts and/or questions and/or suggestions about participation in the research, participants can contact one of the members of the Ethics Committee of the Department of Human Sciences (preferably, the Coordinator; however, when the Coordinator is involved in the research, indicate another member) *

Please choose **only one** of the following:

☐ Yes

Please upload a file with the reference list of the sources cited in the request (**file name: "acronym_references"**)

*

Please upload at most one file

Kindly attach the aforementioned documents along with the survey

Inserire un solo file di dimensioni inferiori a 8 MB (8192 KB)

NEW REQUEST

SECTION 4: ADDITIONAL INFORMATION

Are there potential ethical problems identified by the proposer of the research?

*

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Please point out ethical problems identified by the proposer of the research *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Are there potential ethical problems identified by the proposer of the research?)

Please write your answer here:

(maximum 1500 characters, spaces included)

Did you have problems in completing this form? *

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Please point out any problems in completing this form *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Did you have problems in completing this form?)

Please write your answer here:



(maximum 1500 characters, spaces included)

I declare that the research is carried out in compliance with the fundamental rights of every person involved, in compliance with the Italian law and the Ethics Code of the Italian Association of Psychology *

Only answer this question if the following conditions are met:

Answer was at question Research area (it is possible to select more than one area. If the area is not listed below, please specify "Other"))

Please choose **only one** of the following:

☐ I confirm this declaration

Optional declaration (only for research in Psychology)

*

Only answer this question if the following conditions are met:

Answer was 'Psychology' at question (Research area (it is possible to select more than one area. If the area is not listed below, please specify "Other"))

Choose one of the following answers

Please choose **only one** of the following:

☐ I declare that the research is carried out in compliance with the Ethics Code of the Italian Association of Psychology

REVISION

Project title *

Please write your answer here:

Acronym (please use the project acronym chosen when making the first request) *

Please write your answer here:

Code assigned to the ethical approval request for which the Ethics Committee requested revisions *

Please write your answer here:

Surname and name of the Ethics Committee member who acted as referent person *

Please write your answer(s) here:

Surname

Name

Please insert the email address of the proposer (i.e., the person that has been indicated as the proposer in the previous request) *

Please check the format of your answer.

Please write your answer here:

Date of the meeting in which the Ethics Committee examined and requested revisions to the present ethical approval request *

Please enter a date:

Please upload the excerpt from the minutes of the meeting in which the Ethics Committee requested the present revisions (**file name: "acronym_minutes"**)

Please upload one file

Kindly attach the aforementioned documents along with the survey

Inserire un unico file di dimensioni inferiori a 8 MB (8192 KB)

Please upload a Word or text file including a detailed point-by-point description of revisions made to address the Ethics Committee requests
(file name: "acronym_revisions")

Please upload one file

Kindly attach the aforementioned documents along with the survey

Inserire un unico file di dimensioni inferiori a 8 MB (8192 KB)

Is this submission made for a request of approval for which other revisions have been already presented? (e.g., for PRIN projects, European grants, etc.)

*

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Please list all the materials that have been already approved, including for each of them the date of the meeting in which they were approved. *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Is this submission made for a request of approval for which other revisions have been already presented? (e.g., for PRIN projects, European grants, etc.))

Please write your answer here:

(maximum 1500 characters, spaces included)

EXTENSION

Project title *

Please write your answer here:

Acronym (please use the project acronym chosen when making the first request) *

Please write your answer here:

Code assigned to the ethical approval request for which the Ethics Committee requested revisions *

Please write your answer here:

Surname and name of the Ethics Committee member who acted as referent person *

Please write your answer(s) here:

Surname

Name

Please insert the email address of the proposer (i.e., the person that has been indicated as the proposer in the previous request) *

Please check the format of your answer.

Please write your answer here:

Date of the meeting in which the Ethics Committee approved the request for which this submission represents an extension *

Please enter a date:

Please upload the excerpt from the minutes of the meeting in which the Ethics Committee approved the request for which this submission represents an extension (**file name: "acronym_minutes"**)

Please upload one file

Kindly attach the aforementioned documents along with the survey

Inserire un unico file di dimensioni inferiori a 8 MB (8192 KB)

Please upload a Word or text file including a detailed description of changes made in comparison with the previous request (**file name: "acronym_changes"**)

Important note. If appropriate, provide a new modified informed consent form and the declaration of consent to participate in the research and process personal data.

Important note. If one has necessity to attach more files, put all in a single zip archive and attach that one.

Please upload one file

Kindly attach the aforementioned documents along with the survey

Inserire un unico file di dimensioni inferiori a 8 MB (8192 KB)

Is this submission made for a request of approval for which other extensions have been already presented?

*

Choose one of the following answers

Please choose **only one** of the following:

☐ Yes

☐ No

Please list all the materials that have been already approved, including for each of them the date of the meeting in which they were approved. *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Is this submission made for a request of approval for which other extensions have been already presented?)

Please write your answer here:

(maximum 1500 characters, spaces included)

The compilation is finished.

The person proposing will receive a copy of this compilation by email

Submit your survey.

Thank you for completing this survey.