



The University of Jordan
Faculty of Dentistry
Academic Research Committee

Application Reference:

/

For office use only

Ethics approval form

Date: / /

Please complete all parts of the form and append consent form(s), information sheets, and any other materials in support of your application.

1. Proposal Title	
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Name of researcher(s)	
Contact e-mail address	

Section 1:

	Question	YES	NO	N/A
1	Will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?			
2	Will you tell participants that their participation is voluntary?			
3	Will you obtain written consent for participation?			
4	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?			
5	If the research is observational, will you ask participants for their consent to being observed?			
6	Will you tell participants that they may withdraw from the research at any time and for any reason?			
7	With questionnaires, will you give participants the option of omitting questions they do not want to answer?			
8	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?			
9	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?			

If you have ticked 'NO' to any of Q1 – 9, please give an explanation in the box below.

Section 2:

	Question	YES	NO	N/A	
10	Will subjects/participants be paid?				
11	Are there any invasive procedures, e.g. biopsy, venepuncture to be used?				
12	Is there any contact with potentially harmful items or substances?				
13	Are there any financial or other interests to the researcher(s) or department arising from this study?				
14	Will project involve deliberately misleading subjects/participants in any way?				
15	Is there any realistic risk of any <i>subjects/participants</i> experiencing either physical or psychological distress or discomfort? If yes, describe any measures to avoid/minimize harm to subjects in the box below.				
16	Is there any realistic risk of <i>researchers</i> experiencing either physical or psychological distress or discomfort?				
17	Will the project require approval by any other ethics committee other than the Academic Research Committee at the Faculty?				
18	Do participants fall into any of the following special groups?	Children under 18			
		People with learning or communication difficulties			
		Patients			
		People in custody			
		People engaged in illegal activities. (e.g. drug taking)			

If you answered 'yes' to any of questions 10-18, please provide full details in the box below.

Section 3

Please attach the followings to this form if applicable:

Attachments			
<ul style="list-style-type: none"> ▪ The used questionnaires (if not well known) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<ul style="list-style-type: none"> ▪ Written Participants Information Sheet 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<ul style="list-style-type: none"> ▪ Written Consent Form 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Section 4: Applicant's Statement:

I undertake to carry out research in accordance with the Faculty of Dentistry (FD) Academic Research Committee (ARC) ethics policy and to inform the FD ARC of any changes to the protocol of this project.

Applicant(s)

Signed: Print Name:Date:

Signed: Print Name:Date:

Signed: Print Name:Date:

Signed: Print Name:Date:

Signed: Print Name:Date:

Section 5: Statement of Ethical Approval:

Recommendations of the committees			
1- This project has been considered by the department's council at the Faculty of Dentistry (FD), The University of Jordan (JU) and is now:			
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected			
<input type="checkbox"/> Reasons for rejection:			
Chairman		Date	
Signature			

2- This project has been considered by The University of Jordan Hospital (or other external professional bodies) Ethics committee (<i>If applicable</i>) and is now:			
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected			
<input type="checkbox"/> Reasons for rejection:			
Chairman		Date	
Signature			

3- This project has been considered by the Academic Research Committee at the FD at JU and is now:			
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected			
<input type="checkbox"/> Reasons for rejection:			
Head of the committee		Date	
Signature			

The Dean of the FD at JU:			
Dean of the Faculty		Date	
Signature			