**Ethical Assessment Form**

The application form is to be used by researchers at the Faculty of Business Administration seeking ethical approval for an individual research project. A completed version of this document should be emailed to the Faculty Ethics Committee ([ethikkommission@bwl.tu-freiberg.de](mailto:ethikkommission@bwl.tu-freiberg.de)).

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| --- | --- |
| **Applicant details** | |
| Name |  |
| Academic unit |  |
| Office address |  |
| Contact details | Phone:  Email: |
|  | |
| **Project details** | |
| Project title |  |
| Project outline | *Please give a short summary of the research plan and specify goals, planned sample characteristics, procedure etc. (max. 250 words)* |
| Research partners | *Please indicate if there are any other researchers involved in this project (name, institution).* |
| Funding bodies | *Please specify the funding bodies from which you may have received (financial) support for the research project (name, institution).* |

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| --- | --- |
| Is this a re-approval of an existing project? | □ No □ Yes, application number: |
| Is there any other reason to prioritize the assessment of this project? | □ No □ Yes, namely: |
| Has any other Ethics Committee assessed this project? | □ No □ Yes, namely: |
| Does this project include security-relevant research?a | □ No □ Yes, namely: |

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| **Project checklist** | | | |
| 1 | Voluntariness: Is voluntary participation guaranteed? | □ Yes | □ No |
| 2 | Legal capacity: Will people who cannot give their own consent to participate (e.g. people under 18 years of age or people who are not legally able to give consent) participate in the study? | □ Yes | □ No |
| 3 | Vulnerable people: Will people who belong to a particularly vulnerable group (e.g. persons with learning disabilities, persons serving prison sentences) participate in the study? | □ Yes | □ No |
| 4 | Inclusion and exclusion criteria: Are there any inclusion and/or exclusion criteria for study participants? | □ Yes | □ No |
| 5 | Deception regarding participation: Is it necessary for people to participate in the study without being informed of their participation or without having given their consent to participate (e.g. covert observation), or without being fully informed about the purpose and content of this study (hypotheses do not need to be disclosed)? | □ Yes | □ No |
| 6 | Deception regarding study purpose: Will participants be actively deceived regarding the content and purpose of the study? | □ Yes | □ No |
| 7 | Intimacy/stigmatization: Will questions be raised on topics that are of an intimate nature or the answering of which can be seen as stigmatizing (e.g. with respect to illegal or deviant behaviours)? | □ Yes | □ No |
| 8 | Burden: Is it to be expected that the participants suffer from stress, fear, exhaustion, pain or other negative effects of this study, which go beyond what is expected on a daily basis? | □ Yes | □ No |
| 9 | Risks: Will participants undergo any invasive or potentially harmful procedures? | □ Yes | □ No |
| 10 | Substance distribution: Will participants be given medicines, placebos or other substances? | □ Yes | □ No |
| 11 | Personal data: Will personal data be collected? | □ Yes | □ No |
| *Questions 12-14 must only be answered if personal data is collected. If no such data is collected, proceed with question 15.* | | | |
| 12 | Data protection: Data security of personal data is guaranteed in accordance with the enclosed Data Security Information Sheet (see below). | □ Yes | □ No |
| 13 | Information regarding data protection: Participants will be informed about the security of personal data. | □ Yes | □ No |
| 14 | Right to deletion of data: Participants can request the deletion/ destruction of their personal data at any time and will be informed of it. | □ Yes | □ No |
| 15 | Insurance protection: Is travel accident insurance provided for the participants or are they informed that their travel to the site is not insured? (note: If travel accident insurance is provided, the policy should be submitted.) | □ Yes | □ No |

Notes:

a More detailed information regarding security-relevant research can be found at the following website:  
https://www.security-relevant-research.org/

More detailed information regarding the individual topics can be found at the following website: https://zwpd.transmit.de/zwpd-dienstleistungen/zwpd-ethikkommission

If one or multiple of the grey-shaded answer boxes have been marked (i.e. questions 1 and/or 12-14 have been answered with “No” and/or one or multiple of questions 2-11 have been answered with “Yes”), please give a brief rationale on a separate page and indicate how you will ensure that the ethics regulations will be addressed with regard to this/these point(s).

I confirm that the entries in this form are correct to the best of my knowledge.

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Date Signature of the principal investigator

**Data Security Information Sheet**

Anonymization of collected data: Data that allow for an assignment of individuals to ID numbers are only to be saved on a server with a high security standard and not on local hard drives or other storage devices. It must be ensured that data which allow for an identification of individuals are saved separately from project data, that only researchers involved in the project have access, that passwords conform to general security standards.

Deletion of saved data: Data which allow for an assignment of IDs to personal data will be deleted after the completion of the project. If data are made publicly available after the completion of the project, all information that allows for a direct or indirect assignment to individuals must be deleted.

Deletion of data by request of participants: Data are to be deleted upon request of participants.