**APPLICATION FORM TO THE ETHICS COMMITTEE OF FACULTY OF KINESIOLOGY, UNIVERSITY OF SPLIT**

|  |  |
| --- | --- |
| **Project name** | *Write full name of the project in English language* |
| **Main researcher/s** | *Write name and surname of main researcher/researchers* |
| **Associate researcher/s** | *Write name and surname of associate researcher/s* |
| **Main goal** | *Explain main goal of the study* |
| **Methodology** | *Describe experimental procedure, data gathering and analyzing* |
| **Tests and measuring technology** | *Write which test and measuring devices will be used for data gathering* |
| **Time** | *Write time of the study* |
| **Place** | *Write where will study take place (town, country)* |
| **Institution** | *Write in which institution will study be held* |
| **Subjects** | *Describe sample of subjects and exclusion/inclusion criteria for the participation in the study* |
| **Expected benefit** | *Describe research contribution for scientific community and tested population, respectively.* |
| **Possible unpleasantness** | *Describe the riskiest possible consequences for the participants of the study (if any)!* |
| **Volunteering** | *Declare that respondents participate in the research voluntarily!* |
| **Protection of anonymity and confidentiality** | *State the law that protects the confidentiality, anonymity and privacy of respondents**(Personal Data Protection Act of the Republic of Croatia – 01-081-03-2253/2,**Ethical code of research with children (2003),**Declaration of Helsinki,**Rulebook on good clinical practice (127/10),**Law on Health Care of the Republic of Croatia, (NN 150/08, 71/10, 139/10, 22/11 i 84/11),**The Law on the Rights of Patients of the Republic of Croatia (NN 169/04, 37/08))* |
| **Responsible researcher** | *Full name, phone number, e-mail* |
| **Conflict of interest** | *All researchers declare that there are no conflicts of interest in this research and there are none external pressures on any of the research outcomes.* |
| **Date** |  |
| **Signature** |  |

**INFORMED CONSENT FORM FOR THE PARTICIPANTS**

|  |  |
| --- | --- |
| **Project name** | *Write full name of the project in English language* |
| **Main researcher/s** | *Write name and surname of main researcher/researchers* |
| **Associate researcher/s** | *Write name and surname of associate researcher/s* |
| **Name and surname of the participant****[or legal mentor/guardian]** | *Name and surname of the respondent in printed letters* |
| **I have read the study information document provided** | YES | NO |
| **I could ask questions about the study** | YES | NO |
| **I received enough information about the study** | YES | NO |
| **I spoke with (write name of researcher)** | YES | NO |  |
| **I understand that my participation is voluntary** | YES | NO |
| **I understand that I can withdraw at any time during the research:****a) Whenever I want****b) Without giving any explanations****c) Without any consequences for my health care** | YES | NO |
| **I freely give my consent to participate in the research** | YES | NO |
| **Date** |  |
| **Participant signature** |  |