**APPLICATION FOR RESEARCH PERMIT TO THE UNIVERSITY OF JYVÄSKYLÄ**

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| **1. BASIC INFORMATION** |
| **Applicant:** PI, author of the thesis**Other persons involved** | Name |
| Members of the research group |
| **Contact information of the applicant/s** | Address  | Postal code and post office |
|  | Organisation | Title /position |
|  | Email address | Phone number |
|  |  |
| **Thesis: supervisor(s)** | Name / names | Title / position |
|  |  |
| Organisation |
|  |
| Email address | Phone number  |
|  |  |
| **Commissioner / research funder** | Commissioner / research funder |
|  |
| Contact information  |
|  |
| **2. The reasons for applying for a research permit** |
| **University resources:** staff contribution, other resource needs |  |
| **Role of University of Jyväskylä in the study:** liabilities, obligations, benefits, etc. |  |
| **Other:** specify |  |
| **3. ETHICAL REVIEW** |
|  | [ ]  The research/thesis does not require ethical review[ ]  The research/thesis has received an ethical review statement.Please include the statement as an optional attachment to the research permit application. Please note that an ethical review must be carried out before applying for a research permit.  |
| **4. ATTACHMENTS** |
|  | **Mandatory attachments:** [ ]  Resume of research plan / Thesis plan. Including data collection and data management plan. ***Fill in the form at the end of this form, do not send your entire research plan.***[ ]  Data collection material (e.g. information sheet for participants, consent form, questionnaire, interview structure)[ ]  Privacy Notice for scientific research when collecting personal data from participants.[ ]  Data Protection Impact Assessment (DPIA) *if mandatory*. **Optional attachments:**[ ]  Statement of Ethics Committee[ ]  Other: please specify      |
| **COMMITMENT** |
|  | **Mandatory:**[ ]  I agree to adhere to the principles of good scientific practice and the provisions set out in applicable legislation. **Optional:**[ ]  [If the study involves processing of personal data] I agree to comply with the provisions of data protection legislation regarding the processing and protection of personal data, and to destroy or archive it as required by law. |
| **Date and signature** | Place and date | Signature |
|   /  /     |
| Submission of the application: | **The application form and its attachments will be submitted to the University of Jyväskylä Registry Office and Archive**e-mail: kirjaamo(at)jyu.fiSeminaarinkatu 15[Registry Office and Archive](https://www.jyu.fi/yliopistopalvelut/registry-office?set_language=en)PO Box 35 (C),FI-40014 University of JyväskyläFINLANDtel. 040 805 3472 Visiting address: Seminaarinkatu 15 Building C (Main Building, 1st floor)Room C 140, Customer service hours: Mon-Fri 8:00 a.m.-3:30 p.m. |

**DESCRIPTION OF THE RESEARCH PROJECT**

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| **PI/****principal supervisor** |  |
| **Title of the study/thesis. Purpose of the thesis** (which degree). |  |
| **Brief description of the study:** research objectives, research questions and methods. Data collection and data management plan. Justification of the need for JYU resources. |  |
| **Schedule** |  |