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|  | Ethics Review Committee CINEC Campus |   |
| **Document Check List**  |

Please insert the **Title** and the **Name of the Applicant Title**:

**Name of the Applicant**: Rev/Prof/Dr/Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**: This check list will be filled and signed by the person who receives the application at ERC, CINEC Campus

Application Number: CINEC /ERC/20\_\_\_/\_\_\_\_\_\_ Date Received: \_\_\_/\_\_\_/20\_\_\_

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| Covering Letter | age67image19008 |
| Submission Check List | age67image19008 |
| Declaration of Applicant | age67image19008 |
| Application form (3 copies) | age67image19008 |
| One-page summary proposal (3 copies) | age67image19008 |
| Detailed research proposal (3 copies) | age67image19008 |
| All study instruments in English (questionnaires/interview guides/checklist/data extraction forms) with Sinhala and Tamil translations where relevant  | age67image19008 |
| Information sheet in English with Sinhala and Tamil translations where relevant  | age67image19008 |
| Consent forms in English with Sinhala and Tamil translations where relevant | age67image19008 |
| Any other relevant documents in English with Sinhala and Tamil translations where relevant Curriculum vitae of all investigators | age67image19008 |
| Approval letter from the relevant Board of Study (if applicable) | age67image19008 |
| Online payment receipt | age67image19008 |

**Received by:**

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Name of the Staff Member Signature Date