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| --- | --- | --- | --- | --- |
| **Applicant** | Name  First name Surname | | | |
| Address  Address | Postal code  Postal code | | City  City |
| Phone number  Phone number | | Email address  Email address | |
| Organization  Click or tap here to enter text. | | Degree and title or position  Degree, Position | |
| **Principal investigator / supervisor of the thesis** | Name  First name Surname | | Degree and title or position  Degree, Position | |
| Organization and address  Organization Address | | | |
| Phone  Phone | | Email  Email address | |
| **Funder or commissioning party (i**f **necessary)** | Name and address  Name and address | | | |
| Phone  Phone | | | |
| **To be filled in by the person authorised to grant the research permission** | Institutional permission  The permission is granted | | The permission is not granted | |
| Conditions for granting the permission  The applicant must agree to adhere to the principles of good scientific practice and the provisions set out in applicable legislation. The applicant is obligated to maintain the confidentiality of data and to use data only for the purpose specified in the research plan. Data must be securely destroyed and disposed of after the study has been concluded.  The applicant may be required to report on the research results orally and in writing.  Other terms and conditions  Research requires Data Protection Impact Assessment (DPIA)  Yes  No  Grounds for rejecting the application::  Click or tap here to enter text. | | | |
|  | Decision-maker  First name Surename | | Rapporteur  First name Surename | |
| **Date and signature** | Place and date  Place, Date | | Signature of the decision-maker | |
| **Recipients of this decision** | Applicant  Vice-rector  Dean  Some other, please specify? Click or tap here to enter text. | | | |
| **Description of the research** | | | | |
| **Researcher/-s** | Click or tap here to enter text. | | | |
| **Title of the study** | Click or tap here to enter text. | | | |
| **Short description of the research (objectives, research questions etc.)** | Click or tap here to enter text. | | | |
| **Schedule of the research** | Click or tap here to enter text. | | | |
| **What data are collected in the research, how and when?** | Click or tap here to enter text. | | | |
| **Funding** | Click or tap here to enter text. | | | |
| **Attachments** | **Mandatory appendices**  Research plan / Thesis plan  Documents delivered to research participants (eg. information sheet, informed  consent, questionnaire, interview questions)  Data management plan  Data protection statement (when personal data is handled)  Signature of the thesis supervisor to application for permission to conduct research  **Other possible appendices**  Statement of the Committee for Ethics Committee for Human Sciences  Data protection impact assessment  Other attachment, please specify? Click or tap here to enter text. | | | |
| **Signature** | Place and date  Place, Date | | Signature of the applicant | |