Form 1

Receipt Number

Human Subject Research Review Application Form

YEAR MONTH DAY

To the Chair of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University:

　　　　　　　　 Applying Individual’s Affiliation

Name

　I submit the following application based on the provisions of Article 6 of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University Establishment Requirements.

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|  |  |
| --- | --- |
| 1．Research Topic Name |  |
| 2．Research Period | YEAR MONTH DAY　-　YEAR MONTH DAY(Survey Period: YEAR MONTH DAY - YEAR MONTH DAY) |
| 3．Research Manager Name | 　　　　　　　　　　　(Affiliation) |
| 4．Cooperative Researcher Name,Affiliation, and Job Title | 　　　　　　　　　　　 (Affiliation)　　　　　　　(Job Title) |
| 5．Information Manager Name,Affiliation, and Job Title | 　　　　　　　　　　　 (Affiliation)　　　　　　　(Job Title) |  |
| 6．Research Overview |  |
| 7．Research Subject Details | (Number, Age, Sex, Type of Employment, Etc.) |
| 8．Ethical and other consideration related to the possible types of invasiveness that may arise through the research, the presence of disadvantages and dangers, and the use of materials provided through questionnaires and interviews containing personal information.(Includes data storage and management methods) |
| 9．Notes |

1．Concrete, detailed information must be written for each item to the greatest degree possible.

Form 2 (Student Use)

Receipt Number

Human Subject Research Review Application Form

YEAR MONTH DAY

To the Chair of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University:

　　　　　　　　　　　Applying Individual’s Affiliation

Name

　　　　　　　　　　　　　　　　　Instructor Name

　I submit the following application based on the provisions of Article 6 of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University Establishment Requirements.

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|  |  |
| --- | --- |
| 1．Research Topic Name |  |
| 2．Research Period | YEAR MONTH DAY　-　YEAR MONTH DAY(Survey Period: YEAR MONTH DAY - YEAR MONTH DAY) |
| 3．Research Manager Name | 　　　　　　　　　　 　(Affiliation) |
| 4．Cooperative Researcher NameAffiliation and Job Title | 　　　　　　　　　　　 (Affiliation)　　　　　　　(Job Title) |
| 5．Information Manager NameAffiliation and Job Title | 　　　　　　　　　　　 (Affiliation)　　　　　　　(Job Title) |
| 6．Research Overview |  |  |
| 7．Research Subject Details | (Number, Age, Sex, Type of Employment, Etc.) |
| 8．Ethical and other consideration related to the possible types of invasiveness that may arise through the research, the presence of disadvantages and dangers, and the use of materials provided through questionnaires and interviews containing personal information.(Includes data storage and management methods) |
| 9．Notes |

1．Concrete, detailed information must be written for each item to the greatest degree possible.

Form 3

Consent Form

To the Deans of the Kanazawa University College of Human and Social Sciences and Institute of Human and Social Sciences:

Research Topic:

Research Manager:

Affiliation and Job Title (Academic Year if the Research Manager is a Student):

Instructor Name (If the Research Manager is a Student):

I have received a complete explanation of the above-written research or investigation to be carried out within the Kanazawa University Institute of Human and Social Sciences, and have given my consent. I agree to be a test subject or cooperating party to the investigation.

YEAR MONTH DAY

　　　　　　　　　Current Address

　　　　　　　　　　Signature

　　　　　　　　　　Parent or Guardian’s Signature

\*If this form is difficult to implement, any new form must adhere to the same principles.

Form 4

Human Subject Research Review Results Report

YEAR MONTH DAY

To the Dean of the Kanazawa University Institute of Human and Social Sciences:

Institute of Human and Social Sciences Ethics Committee, Kanazawa University Chair

This report is in regard to the following decision made as a result of the review held at the No. \_\_\_\_\_ Committee Meeting of FY\_\_\_\_\_ (held on \_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_MONTH\_\_\_\_\_\_DAY).

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|  |
| --- |
| Receipt Number |
| Research Topic |
| Research Manager |
| ResultApproved Approved with Conditions Not Approved Not Applicable Held |
| Reason for conditional approval, recommended alterations, non-approval, non-applicability, etc. |  |
|  |

Form 5

Human Subject Research Review Results Notification

YEAR MONTH DAY

To:

　　　Kanazawa University Institute of Human and Social Sciences Dean

This is to notify you that the following decision was made as a result of the review held at the No. \_\_\_\_\_ Committee Meeting of FY\_\_\_\_\_ (held on \_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_MONTH\_\_\_\_\_\_DAY).

Details

|  |
| --- |
| Receipt Number　　　　　　　　　　　　　　　　　　Approval Number \* |
| Research Topic |
| Research Manager |
| ResultApproved Approved with Conditions Not Approved Not Applicable Held |
| Reason for conditional approval, recommended alterations, non-approval, non-applicability, etc. |  |
|  |

\*Authorization numbers consist of the fiscal year (Gregorian calendar) as well as the serial number of the research plan within that fiscal year.

Form 6

Reception Number

Human Subject Research Additional Review Application Form

YEAR MONTH DAY

To the Chair of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University:

　　　　　　　　 　Applying Individual’s Affiliation

Name

I submit the following application based on the provisions of Article 14 of the Institute of Human and Social Sciences Ethics Committee, Kanazawa University Establishment Requirements.

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| --- | --- |
| 1．Research Topic Name |  |
| 2．Research Manager Name | 　　　　　　　　　　　(Affiliation) |
| 3．Judgment | (Review Result Notification Reception Date)　YEAR MONTH DAY |
| Reason for requesting an additional review: |