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**APPLICATION FOR INSTITUTIONAL PERMISSION TO CONDUCT RESEARCH**

1 (2)

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| --- | --- | --- | --- | --- | --- |
| **Applicant** | Name | | | | |
| Address | | | | Postal code City |
| Phone number | | | | Email address |
|  | | | |  |
| **Commissioned research (if applicable)** | Research commissioned by: | | | | |
| Contact information | | | | |
| **Date and signature** | Place and date  /  / | | | | Signature |
| **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: | | | | | |
| Decision-maker Rapporteur | | | | |
| **Date and**  **signature** | Place and date  /  / | | | | Signature |
| **This decision will be sent to** |  | the applicant  others, please specify: |  | Vice President  Dean | | |
|  |  |
|  |  |

**DESCRIPTION OF THE RESEARCH PROJECT**

|  |  |
| --- | --- |
| **Researcher(s)** |  |
| **Title** |  |
| **Brief description of the study**  **(goals, research questions, etc.)** |  |
| **Schedule** |  |
| **Role of Tampere University in the study**  **(liabilities, obligations, benefits, etc.)** |  |
| **Funding** |  |

Attachment: research plan

Attachment: privacy policy

Attachment: risk assessment