



Federal Neuro Psychiatric Hospital Yaba



Health Research and Ethics Committee

Fill in **BLOCK LETTERS**

Applicant Information

Full Name: _____

Age: _____ Email: _____

Phone Number: _____

Gender:

Male:

Female:

Education

Applicant's Institution _____

Title of Project: _____

Date of Project Submission: _____

Month and Year of Proposed Project: _____

Target participant involved in the study: _____

Project Relevance to humanity: _____

Applicant's Course of Study: _____

Institution Address: _____

Institution Email Address: _____

Institution Phone Number _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in rejection.

Signature: _____ Date: _____