

**Review Exemption Application Form**

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| **CNU ERC Code:**  (To be filled up by assigned by the CNU ERC Secretariat) | \_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_ -\_\_ \_\_- \_\_\_\_\_\_\_\_ | |  |
| **Project Title:** | | | |
| **Principal Investigator/Lead Researcher:** | | Telephone: | |
| Names of other participating staff: | | | |
| Brief description of the project: (Please give a brief summary (approx. 300 words) of the nature of the proposal, including the aims/ objectives/ hypotheses of the project, rationale, participants‘ description, and procedures/ methods to be used in the project. [Please also fill CNU ERC Research Protocol Application Form (AF 01-v1/SOP004/v1)] | | | |
| State reasons why exemption from review is requested?  *(This should include justification for exemption e.g. study does not involve human participants. If exemption is being requested on the basis of low risk involved in the study.)* | | | |

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| **NAME OF PRINCIPAL INVESTIGATOR/LEAD RESEARCHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Signature | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Date: <dd/mm/yyyy> | Name: | <Title, Name, Surname> |
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