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| CITY OF HELSINKI  Culture and Leisure Division | | | | | | | | | | | **RESEARCH PERMIT APPLICATION** | | | | | | |  | | **1 (2)** |
| Service | | | | | | | | | | Date | | | | | | | | | | |
| 1  RESEARCH  PERMIT  APPLICANT  OR  RESEARCH  GROUP’S  RESPONSIBLE  PERSON | | Last name | | | | | | | | | | | | | | First name | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | Email | | | | | | | | |
| Educational/research institution | | | | | | | | | | | | | | | | | | |
| 2  STUDY  SUPERVISOR | | Name | | | | | | | | | | | | | | | | | | |
| Office and address | | | | | | | | | | | | | | | | | Telephone | |
| 3  STUDY | | **Object of study.** What activity or service does the study concern? | | | | | | | | | | | | | | | | | | |
|  | | Title and purpose of the study (brief description) | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | Study plan is attached | | | | | | | | | | | |
|  | | Level of study | | | | | | | | | | | | | | | | | | |
|  | 1 | Doctoral dissertation | |  | 2 | Licentiate thesis | | | | |  | | 3 | | Master’s thesis | | | |
|  | 4 | Vocational project | |  | 5 | Other thesis | | | | |  | | 6 | | Other; please specify: | | | |
| Main research method (please tick one option) | | | | | | | | | | | | | | | | | | |
|  | 1 | Survey | |  | 2 | Interviews | | | | |  | | 3 | | Document/statistical analysis | | | |
|  | 4 | Test setup | |  | 5 | Observation | | | | |  | | 6 | | Other; please specify: | | | |
| Other methods used | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Planned time of data collection | | | | | | | | | | | | Estimated time of study completion | | | | | | |
| From | | | To | | | | | | | | | Date | | | | | | |
|  | | |  | | | | | | | | |  | | | | | | |
| Estimate of additional costs and arrangements for the service (Obtaining material, extracting data from the customer data file, etc.) | | | | | | | | | | | | | | | | | | |
| 4  DOCUMENT  INFORMATION  FOR  WHICH  THIS  APPLI-  CATION  IS MADE |  | | | | | | | | | | | | | | | | | | | |
| 5  OTHER  INFORMATION  USED  IN THE  STUDY | Other document information; please specify what, from where and with what permits | | | | | | | | | | | | | | | | | | | |
| Other information (e.g. information, samples, etc. obtained from the subjects through interviews/surveys; models of contact and notification letters and consent document to be attached) | | | | | | | | | | | | | | | | | | | |
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| 6  RESEARCH  DATA  PROTECTION  AGAINST  UNAUTHORISED  PROCESSING | Protection method    Data processed by computer; protection method  1 username  2 password  3 file access registration  4 physical access control  5 other  If you choose the ‘other’ protection method, please specify the various processing steps:    1 Identifiable data will be removed during analysis  2 Material will be analysed with identifiable data on the following grounds:  Grounds for retaining identifiable data    Person responsible for controlling and legality of the register | | | | | |
| 7  RESEARCH  DATA  DISPOSAL  OR  ARCHIVING | **Disposal of the research register**  1  The research register will be disposed of when the personal data is no longer needed for conducting the  research or ensuring the appropriateness of its results.  2  All identifiable data will be disposed of. Method and date of disposal (month and year): | | | | | |
| 8  COMMIT-  MENTS  AND  SIGNA-  TURES  (The commitment  must be signed  by everyone  who processes  confidential  information  during the  study) | I undertake not to use the information I receive to the detriment or degradation of the customer or staff member or people close to them or to violate other interests that are protected by the confidentiality obligation and not to disclose the personal information I receive to third parties.  I will hand over two copies of the completed research report free of charge to the Culture and Leisure Division’s archives and to the contact person of the service from which the material was collected; address: P.O. Box 25401, 00099 CITY OF HELSINKI. The report can also be submitted electronically. | | | | | |
| Place and date | | Signature and printed name | | | Personal identity code | |
| Place and date | | Signature and printed name | | | Personal identity code | |
|  | Address to which the decision is sent | | | | | |
|  | Place and date | | Signature and printed name | | | Telephone |
| 9  DECISION | The research permit will be granted on the following conditions: | | | | | | |
| 10  CONTACT  PERSON(S)  AT THE DIVISION’S SERVICE | Name | | | Title | Telephone | | |
| Name | | | Title | Telephone | | |
| 11  DECISION  MADE BY | Decision date | Decision-maker’s signature, printed name and title | | | | | |
| 12  ATTACHMENTS |  | | | | | | |