ETHICAL CONSIDERATIONS & APPROVAL TEMPLATES

Climate Change and Associated Factors Among Health Professionals in Northern State, Sudan

Important: This document contains draft templates only. It is not an ethical approval certificate. Approval must be obtained from the authorized Research Ethics Committee before recruitment or data collection begins. Complete all blank fields and adapt the documents to the requirements of your university and the relevant Sudanese health authorities.

PART 1. ETHICAL CONSIDERATIONS FOR THE RESEARCH PROPOSAL

Ethical approval will be sought from the appropriate institutional Research Ethics Committee before the commencement of the study. Administrative permission will also be obtained from the relevant health authorities and the management of the selected healthcare facilities in Northern State, Sudan. No participant will be recruited and no data will be collected before the required approvals and permissions have been granted.

Informed consent: Eligible health professionals will receive clear information about the study purpose, procedures, expected time required, potential risks and benefits, and their rights. Written informed consent will be obtained before participation. Participation will be voluntary, and participants may refuse to answer any question or withdraw without penalty or effect on their employment or access to services.

Confidentiality and privacy: Names and other direct personal identifiers will not be recorded on the questionnaire. Each questionnaire will be assigned a study code. Completed forms and electronic data will be stored securely and accessed only by the research team. Results will be reported in aggregate form so that individual participants cannot be identified.

Risks and benefits: The study is expected to involve minimal risk. Some questions may require time or may cause minor discomfort. Participants may skip any question. There may be no direct personal benefit, but the findings may help identify training needs and strengthen health-sector preparedness for climate-related health risks.

Voluntary participation and compensation: Participation is entirely voluntary. No pressure or coercion will be used. Any reimbursement or compensation, if applicable, must be described in the approved protocol; otherwise state that no payment will be provided.

Data protection and retention: Study data will be retained for the period required by the university or ethics committee, then securely destroyed. Data will not be used for purposes outside the approved research without additional authorization.

PART 2. PARTICIPANT INFORMATION SHEET

Study title: Climate Change and Associated Factors Among Health Professionals in Northern State, Sudan

Researcher: _____
Institution/University: _____
Supervisor: _____
Contact details: _____

Invitation and purpose: You are invited to participate because you are a health professional working in a selected healthcare facility in Northern State. The purpose of this study is to assess knowledge, attitudes, awareness, preparedness, and factors associated with climate change among health professionals.

What will participation involve? If you agree, you will be asked to complete a structured questionnaire. It is expected to take approximately 10–15 minutes. No medical examination or intervention will be performed.

Possible risks and benefits: There are no anticipated physical risks. You may feel that some questions are inconvenient; you may leave any question unanswered. You may not receive a direct benefit, but the information may contribute to improved training and public health planning.

Confidentiality: Your name will not be written on the questionnaire. Information will be kept confidential and presented as grouped results.

Questions or concerns: For questions about the study, contact the researcher using the details above. For questions about your rights as a participant, contact the relevant Research Ethics Committee using the contact details provided by the institution.

PART 3. INFORMED CONSENT FORM

Study: Climate Change and Associated Factors Among Health Professionals in Northern State, Sudan

Please read each statement. Tick the box if you agree.

■ I have read, or had explained to me, the participant information sheet.

■ I have had the opportunity to ask questions and received satisfactory answers.

■ I understand that participation is voluntary and that I may withdraw at any time without penalty.

■ I understand that my responses will be kept confidential and reported without identifying me.

■ I freely agree to participate in this research study.

Participant name (optional, if required by the approved ethics procedure): _____

Participant signature/thumbprint: _____ Date: ____ / ____ / _____

Researcher obtaining consent: _____ Date: ____ / ____ / _____

A copy of this information and consent form should be offered to the participant.

PART 4. REQUEST FOR ADMINISTRATIVE PERMISSION

To: The Director / Authorized Officer, _____

Subject: Request for permission to conduct a research study

Dear Sir/Madam,

I am requesting permission to conduct a research study entitled “Climate Change and Associated Factors Among Health Professionals in Northern State, Sudan” at _____ (facility/district). The study is being conducted as part of the requirements for _____ at _____ (university/institution).

The study will use a structured questionnaire with eligible health professionals. Participation will be voluntary, confidentiality will be maintained, and the study will be conducted only after the required ethical approval has been obtained. The expected study period is three months, subject to the approved schedule.

I would be grateful for your written permission to approach eligible staff and collect data at the approved facility/facilities.

Yours faithfully,

Researcher name: _____
Signature: _____ Date: ____ / ____ / _____
Supervisor: _____

PART 5. ETHICS SUBMISSION CHECKLIST

Item	Included / To be comple
Final research proposal and study protocol	■
Final questionnaire and all participant-facing materials	■
Participant information sheet and consent form	■
Researcher and supervisor details	■
Permission letters from relevant health authorities/facilities	■
Data protection, storage, access, and retention plan	■
Training or CV documents required by the committee	■

Item	Included / To be comple
Any committee-specific application form and fee (if applicable)	■

Before submission: confirm the exact name of the responsible ethics committee, the required application process, local permissions, consent language, and data-retention rules with your university and the relevant authorities. Do not insert an approval number, committee signature, or approval date unless officially issued by the authorized committee.