|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant information** | Name | | | |
|  |  | | | |
|  | Street address | Postal code | | City |
|  |  |  | |  |
|  | Telephone | Email | | |
|  |  |  | | |
|  | Research institution, educational institution, or other organisation | Position/title of the applicant | | |
|  |  |  | | |
| **Lead Researcher/Supervisor** | Name | | Degree and occupation | |
|  |  | |  | |
|  | Work address | | | |
|  |  | | | |
|  | Telephone | Email | | |
|  |  |  | | |
|  | Place and date | | Signature | |
|  | /  / | |  | |
| **Date and signature** | Place and date | | Applicant’s signature | |
|  | /  / | |  | |
| **Rapporteur completes** | I have reviewed the documents related to the permit | |  | |
|  | Additional information | | | |
|  |  | | | |
| **Date and name of rapporteur** | Place and date | | Rapporteur | |
|  | /  / | |  | |
| **Party issuing the decision completes** | Granting the research permit | | | |
|  | The research permit is granted | The research permit is not granted | | |
|  | Conditions for granting  As a condition for granting the permit and data disclosure, the researcher must commit to appropriately carrying out the data processing in accordance with applicable legislation on the processing of personal data. The researcher is obligated to keep the data confidential and to process it only in connection with conducting the research. After the completion of the research project, the data must be erased appropriately.   The applicant must submit a report to the party that granted the research permit on the completion of the research project   Other conditions         Grounds for not granting the permit | | | |
| **Date and signature of the person issuing the decision** | Place and date | | Signature | |
|  | /  / | |  | |
| **Information on the decision** | The applicant  Head of Student Services  Other, please specify: | | | |

**SUMMARY OF THE RESEARCH PLAN**

|  |  |  |
| --- | --- | --- |
| **Researcher(s)** |  | |
| **Name of research** |  | |
| **Background of research** |  | |
| **Research objectives questions** |  | |
| **Research schedule** |  | |
| **Are any research-ethical issues involved? If yes, specify.** |  | |
| **The role of Turku University of Applied Sciences in the research (responsibilities, obligations and benefits)** |  | |
| **Budget and funders** |  | |
| **Date and signature** | Place and date | Signature of the Lead Researcher/Supervisor |
| /  / |

**Attachments** Research plan  
 Privacy statement (information letter to the subjects in accordance with Articles 13 and 14 of the EU General Data Protection Regulation)  
 Ethical review statement  
 Other attachments (e.g. questionnaire) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR ACCESS TO PERSONAL DATA STORED IN AN AUTHORITY’S PERSONAL DATA REGISTER PURSUANT TO THE ACT ON THE OPENNESS OF GOVERNMENT ACTIVITIES**

**(PURSUANT TO SECTION 16(3) OF ACT 621/1999)**

**TO BE COMPLETED ONLY WHEN ACCESS TO PERSONAL DATA IS REQUESTED**

|  |  |  |
| --- | --- | --- |
| **Scope of the request for disclosure of personal data** | | |
| **Students of Turku University of Applied Sciences** | **Personnel of Turku University of Applied Sciences** | |
| Young people Adults Master’s level students  Specialisation studies  Open Studies students | Teachers  Other employees | |
| Students present  Students absent |  | |
| Entire Turku UAS  Specific unit(s)/degree programme(s), select one or more | Entire Turku UAS  Specific unit(s)/degree programme(s), select one or more | |
| Year of commencement of studies | Other scope | |
| Other scope (e.g. a certain number of study credits) | All suitable persons  Random sample       persons | |
| All suitable persons  Random sample       persons |  | |
| Format for the transmission of data:  Secure email mail | Format for the transmission of data:  Secure email mail | |
| Information to be printed on the list:  Last name and first name  Degree programme/field of study  Address information  Email address  Telephone number  Other, please specify: | Only employee email addresses are disclosed. | |
| The information is requested to be provided by   /  /    . (Be prepared for a delivery time of approximately two weeks.) | The information is requested to be provided by   /  /    . (Be prepared for a delivery time of approximately two weeks.) | |
| **I agree to use the information I have received only for the purposes stated in this application and its appendices, and to not to disclose or resell the information.**  **I also agree to dispose of the material after the publication of the results.** | | |
| **Date and signature** | | |
| Place and date | | Signature |
| /  / | |