

Ethics Assessment ID:

RESEARCH COMMITTEE – PANEL ON RESEARCH ETHICS
Sub-Panel on Social Science & Humanities Research Ethics (Human Participants)
Research Ethics Application Form

Instructions to applicants

1. Please complete the Application Form, and do not modify its format.
2. The Informed Consent documents in appropriate language, and any written information to research participants must be uniquely identified, and submitted along with the application form.
3. The e-copy of the application form does not require signatures and should be in MS word format.
4. The e-copy of the application documents should be submitted via the Principal Investigator's UM email account and the Sub-panel will only correspond to UM email address.
5. This form is set up as a series of tables and check boxes. The table will enlarge to the size you require when you type and the check box will be checked with a click on it. You can also uncheck it with a click.
6. The applicant should ensure the submitted application form is the most current version.
7. For information on research ethics and methodology, please refer to <https://www.um.edu.mo/research/ethic.html>.

| Application Dossier | Requirement | Submitted Document(s) |
|--|---|---|
| Completed Application Form | Mandatory | <input type="checkbox"/> Application Form |
| Written information for participant, such as recruitment advertisement/flyer, information sheet, permission letter from other parties for accessing data/information, etc. | Subject to the research design | <input type="checkbox"/> Recruitment Advertisement/Poster <input type="checkbox"/> Information Sheet(s) <input type="checkbox"/> Permission Letter(s) |
| Participant Informed Consent document(s) | Mandatory for studies collecting new data from human participants | <input type="checkbox"/> General Informed Consent Form(s) <input type="checkbox"/> Parental Consent Form(s) <input type="checkbox"/> Assent Form(s) |
| Questionnaires/Interview Protocols | Subject to the research design | <input type="checkbox"/> Data Collection Instrument(s) |

These documents must be written in plain language appropriate for a non-specialist audience.

For Research Ethics Sub-Panel Use Only

| Application Log | |
|---|--|
| Ethics Assessment ID: | |
| Application received: | / / (dd / mm / yyyy) |
| Sub-panel decision date: | / / (dd / mm / yyyy) |
| Notify applicant of Sub-panel decision: | / / (dd / mm / yyyy) |
| *Chair/ delegate: | <input type="checkbox"/> Approved <input type="checkbox"/> Exempted, Click or tap here to enter text. <input type="checkbox"/> Conditionally Approved, Click or tap here to enter text. <input type="checkbox"/> Declined: Click or tap here to enter text. |
| Print Name: | |

* The sub-panel shall not bear any responsibility for any problems, losses, or damage caused by the study.

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PART I: STUDY DETAILS

1. Name of Study

| |
|--|
| Project Title |
| Exploring the psychological impacts of working overtime on employees |

2. Researchers Involved in the Conduct of the Project

| | |
|---|----------------------|
| Principal Investigator / Primary Supervisor <i>(must be a UM full-time staff member)</i> | |
| Title | Associate Professor |
| Last Name | CHAN |
| First Name | Tai Man |
| Faculty/Department | FBA |
| Email | taimanchan@um.edu.mo |
| Phone | 8822 1234 |

If you need to add more researchers, please copy and paste the whole table.

| | | | |
|---|---|---|---|
| Please Choose One | <input type="checkbox"/> Co-Investigator | <input checked="" type="checkbox"/> Student Researcher | <input type="checkbox"/> Other, please specify: Click or tap here to enter text. |
| Title | Ph.D. Candidate | | |
| Last Name | VONG | | |
| First Name | Sio Meng | | |
| Affiliated Institution <i>(If not affiliated with UM)</i> | | | |
| Faculty/Department | FBA | | |
| Email | yc01234@um.edu.mo | | |
| Phone | 6666 5678 | | |

3. Study Description

| |
|--|
| In plain language, give a succinct description of the background and the potential significance of the research project (250 words max) |
| <p>Working overtime, which refers to working in addition to the working hours specified in one's employment contract, is a common phenomenon in Asia (Johnson & Johnson, 2010). According to the latest survey, 75% of employees work overtime without compensation (Smith, 2012). Previous studies indicated that working overtime has negative physiological impacts such as cardiovascular heart disease and metabolic syndrome (Smith, 2012; Jackson et al., 2018). However, attention to the effects on mental health is limited (Grey et al., 2015). In order to safeguard employees by minimising the possible health threat, this study aims to understand the relationship between working overtime and anxiety and depressive symptoms among employees. The information might increase awareness of the hazards of long working hours and the necessity of balancing workloads and working hours.</p> <p>References:</p> <p>Grey, D. C., Schaubroeck, J., Sime, W. E., & Mayes, B. T. (2015). Psychological impacts of work. <i>Journal of Applied Psychology</i>, 76(1), 143–168. http://doi.org/10.1037/0021-9010.76.1.143</p> <p>Jackson, J. F., Stapel, D. A., & Lindenberg, S. M. (2018). Working overtime is bad for health. <i>Personality and Social Psychology Bulletin</i>, 34(8), 1047–1056. https://doi.org/10.1177/0146167208318401</p> <p>Johnson, A., Johnson, T. (2010). What is working overtime?. <i>PLoS ONE</i>, 13(3), https://doi.org/10.1371/journal.pone.0123456</p> <p>Smith, M. (2012). How many people work overtime?. <i>Computers in Human Behavior</i>, 72, 67–78. https://doi.org/10.1016/j.chb.2012.02.123</p> |

| |
|--|
| Clearly state the aims and/or hypotheses of the research project (250 words max) |
| <p>This study aims to understand the relationship between working overtime and anxiety and depressive symptoms among employees.</p> <p>It is hypothesised that in adult populations, a higher number of hours working overtime is positively associated with more anxiety and depressive symptoms, and a higher level of stress, which will be measured by the Depression Anxiety Stress Scales (DASS-21).</p> |

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4. Type of Project

| | |
|--|--|
| <input type="checkbox"/> Staff research | |
| <input checked="" type="checkbox"/> Student research | <p>If YES, check the relevant box</p> <p><input type="checkbox"/> Undergraduate</p> <p><input type="checkbox"/> Masters</p> <p><input checked="" type="checkbox"/> PhD</p> <p><input type="checkbox"/> Other, please specify: Click or tap here to enter text.</p> |
| <input type="checkbox"/> Class project | |
| <input type="checkbox"/> Multi-center research | |
| <input type="checkbox"/> Other | If YES, please give further details: Click or tap here to enter text. |

5. Type of Research (Can select more than one)

| | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Action Research | <input type="checkbox"/> Case Study | <input checked="" type="checkbox"/> Mental Health |
| <input type="checkbox"/> Oral History/Biographical | <input type="checkbox"/> Ethnographic | <input type="checkbox"/> Digital/Virtual |
| <input checked="" type="checkbox"/> Survey | <input type="checkbox"/> Experimental | <input type="checkbox"/> Archival |
| <input type="checkbox"/> Other, please specify: Click or tap here to enter text. | | |

6. Funding Source

| | | | |
|--|--|-----------------------------|----------------------------------|
| <input type="checkbox"/> Funding will not be sought. | | | |
| <input checked="" type="checkbox"/> Funding will be sought in the future | | | |
| If YES, please specify the funding agency: University of Macau | | | |
| <input type="checkbox"/> Funding has been sought with the following information: | | | |
| Name of the funding agency | Is funding approved? | | |
| | <input type="checkbox"/> Yes, with approval number: Click or tap here to enter text. | <input type="checkbox"/> No | <input type="checkbox"/> Pending |
| | <input type="checkbox"/> Yes, with approval number: Click or tap here to enter text. | <input type="checkbox"/> No | <input type="checkbox"/> Pending |
| | <input type="checkbox"/> Yes, with approval number: Click or tap here to enter text. | <input type="checkbox"/> No | <input type="checkbox"/> Pending |

7. Has or will this study be submitted to other Human Research Ethics Committees?

| | | |
|---|--|----------------------------------|
| <input checked="" type="checkbox"/> No, please go to next section | | |
| <input type="checkbox"/> Yes, with the following information: | | |
| Name of the Human Research Ethics Committee | Is approval granted? | |
| | <input type="checkbox"/> Yes, with approval number: Click or tap here to enter text. | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Pending |

8. Does your study involve direct involvement of human participants?

| |
|---|
| <input checked="" type="checkbox"/> Yes |
| <input type="checkbox"/> No, please specify: <ul style="list-style-type: none"> <input type="checkbox"/> I am using data that has been collected for another purpose <ul style="list-style-type: none"> <input type="checkbox"/> With previous ethics approval with approval number: Click or tap here to enter text. <input type="checkbox"/> Data was collected without ethics approval <input type="checkbox"/> My study does not involve any data from human participants (Please go to part IV) |

PART II: PARTICIPANTS DETAILS

(To be completed if project involves direct human participation)

9. Please identify if you are using potentially vulnerable participants as listed below.

(If you are not using potentially vulnerable participants, please skip this question)

| |
|---|
| <input type="checkbox"/> Women who are pregnant |
| <input type="checkbox"/> Children or young people under the age of 18 |

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|--|
| <input type="checkbox"/> Persons with an intellectual condition or mental condition of any kind |
| <input type="checkbox"/> Persons without freedom of movement and/or decision-making authority (e.g., forensic, involuntary patients) |
| <input type="checkbox"/> Persons with impaired capacity for communication |
| <input type="checkbox"/> Prisoners or people on parole |
| <input type="checkbox"/> Persons in dependent or unequal relationships relevant to the research |
| <input type="checkbox"/> Deception of participants, concealment, or covert observation |
| <input type="checkbox"/> Examining potentially sensitive or contentious issues |
| <input type="checkbox"/> Seeking disclosure of information which may be prejudicial to participants |
| <input type="checkbox"/> Study of or participation in illegal activities |
| <input type="checkbox"/> Other, please specify: Click or tap here to enter text. |

10. Please describe the participants (in groups) involved in your study

| | How many participants | Inclusion criteria | Age range |
|---------|-----------------------|--|-----------|
| Group 1 | 567 | Have been working full-time at the current job position for more than two years, proficient in English or Chinese. | 18-65 |
| Group 2 | | | |

* If you need more rows, please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

** Please fill in the information in group 1, if the study will only involve one group of participants,

11. Do you have any criteria for exclusion from your participant groups?

| | |
|---|---|
| <input type="checkbox"/> No, please go to next section. | |
| <input checked="" type="checkbox"/> Yes, with the following criteria: | |
| | Exclusion criteria |
| Group 1 | Participants currently used psychoactive medications, participated in psychological intervention in the last six months and were absent from work for more than 14 days in the last two months might be less affected by the negative psychological impacts of working overtime. Participants with active/poorly managed mental health due to psychiatric diagnosis might be more susceptible to the negative impacts of working overtime. |
| Group 2 | |

* If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

12. Give details of procedures involving participants

| |
|--|
| <p>Please provide details about what you are asking participants to do or what is to be done to them. You should provide a clear step-by-step description of what participants will experience if they choose to take part in your project, including interventions, tasks, interviews, etc. (please attach copies of intervention methodologies, instructions, tasks, tests, questionnaires or interview guides to be used and a flow chart if this will clarify the procedures.</p> <p>Participants will be recruited through social media advertisements. By clicking the link provided in the advertisement, the participants will be directed to the information sheet. Participants will be asked to read the information statement and can only proceed to the next session after they have gone through the statement (scroll down to the bottom of the statement) and check the boxes to confirm they are 18 years of age or over, acknowledge the data will be transferred to a place outside Macau (i.e., Australia), and agree to participate.</p> <p>After that, participants will be asked to fill in the screening questions and directed to the survey which might take around 20 minutes if they are eligible to participate. At the end of the survey, they will be asked if they want to receive a small gift and to provide their contact information and last name so the researchers can contact them if they win.</p> |
|--|

13. Describe how much time you are asking of participants in each group

| | |
|---------|-------------------|
| Group 1 | 20 minutes (max.) |
| Group 2 | |

* If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

14. Will you be offering reimbursement or any other incentives to participants?

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| | |
|---|--|
| <input type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Yes, with the following reimbursement / incentives: | |
| Group 1 | MOP 100 gift card (indicated as "a small gift" in the consent statement) |
| Group 2 | |

* If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

15. Recruitment

If relevant, attach text of the poster / advertisement / email / social media post you plan to use

| | |
|--|--|
| 15.1 Please explain in full step-by-step detail how you will recruit your participants and invite them to participate | |
| Group 1 | Advertisements for recruiting participants will be posted on social media, such as Facebook, WeChat, and Instagram. The link to the study website will be provided in the advertisements, and interested participants could access the survey page by clicking on the link. The information sheet will be presented to the participants. Participants agree to participate can fill in the survey after the consent procedures. |
| Group 2 | |
| 15.2 Please explain how you select participants in each group | |
| Group 1 | The participants will be selected according to the inclusion and exclusion criteria. |
| Group 2 | |

* If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

16. Does your project involve other organisations?

| <input checked="" type="checkbox"/> No | | | |
|---|------------------------------------|--------------------------|---|
| <input type="checkbox"/> Yes, the principal investigator is responsible for ensuring that permission letters are obtained, and stored on file, from each organisation before any data collection can occur at the specified organisation. | | | |
| Name of the organisation | Name of person granting permission | Role in the organisation | Is permission granted? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> Pending |

* If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.

17. Will any dependent or unequal relationship exist between anyone involved in the recruitment and the participants?

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes, describe the nature of the relationship, and explain what special precautions will preserve the rights of such people to decline to participate or to withdraw from participation once the research has begun. |

18. Are any of the researchers a member of, or have any association with, any of the organisations, in which you wish to conduct your research

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes, please explain what your role at that/ those organisation (s) is/are and what measures you have implemented to reduce the possibility of coercion. |

PART III: RISKS AND PROCEDURES INVOLVE HUMAN PARTICIPANTS

(To be completed if project involves direct human participation)

19. Are there any physical/psychological/social/economic or legal risks greater than inconvenience or is discomfort, in either the short or long term, from participation in the project?

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes |

20. Describe the potential risks of participation in the project

Psychological risks: Reflecting negative emotional experiences could be distressing and challenging.

21. Are all these risks outlined on the information sheet and, where relevant, on the consent form?

| |
|---|
| <input checked="" type="checkbox"/> Yes |
|---|

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☐ No, please explain why not: [Click or tap here to enter text.](#)

22. Outline the arrangements planned to minimise the risks involved in these procedures.

The contact information of the mental health crisis support service will be provided on the information sheet. Participants could contact the support service and withdraw from the study when necessary.

23. Should serious events or emergencies occur during the conduct of the research what will you do? What facilities are available to deal with such incidents? Is an appropriate list of counselling services available with the Information Sheet/Informed Consent Form? (illegal activities, participant becomes distressed during data collection or at some time afterwards)

As the whole study will be conducted online, the research team will not have control if serious events or emergencies occur. There will be no facilities available. However, the information sheet will provide the appropriate counselling services available.

24. Will you use a written Information Sheet to inform each participant about the research project?

☒ Yes

☐ No, please describe how and by whom the explanation will be given to participants.

25. Will all participants, including organisations, be fully informed about the true nature of the research?

☒ Yes

☐ No, please describe the procedure and explain why the real purpose needs to be concealed

26. Please explain how you will obtain informed consent from your participants. If you are not using a signed consent form, explain why one is unnecessary or inappropriate.

☒ Implied consent – the return of an anonymous survey implies consent

☐ Signed consent form (please provide the consent form in a separated document). Please explain the process by which the participants will give consent and how the consent form will be returned to the researcher.

☐ Other, please specify: [Click or tap here to enter text.](#)

27. If the participants in your study are unable to consent for themselves, explain how you intend to obtain informed consent. How will adequate information be provided to those who will give consent on their behalf?

All the participants will be able to consent for themselves

PART IV: RISKS AND PROCEDURES INVOLVED IN THE USE OF EXISTING DATA

(To be completed if project involves the use of existing data)

28. Please describe the form of the data set (For example database, spreadsheet)

29. How was the data originally collected?

30. What was the primary purpose for original collection of data?

31. Please explain what information the participants were given at the time the data was collected from them and how that information was given to them (e.g., Information sheet, verbal explanation). If an information sheet was used, please attach a copy (if it is available).

32. Will the organisation who owns the dataset be fully informed about the true nature of the research?

☐ Yes

☐ No, please describe the procedure and explain why the real purpose needs to be concealed

33. Please explain the method used for obtaining consent from the original participants for the original

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collection and use of the data.

| |
|---|
| <input type="checkbox"/> Implied consent – the return of an anonymous survey implies consent |
| <input type="checkbox"/> Consent form (please attach the consent form to this application). Please explain the process by which the participants will give consent and how the consent form will be returned to the researcher. |
| <input type="checkbox"/> Other, please specify: Click or tap here to enter text. |

PART V MATERIAL AND PROCEDURES

34. How will the data be collected? (Can select more than one)

| | Please complete as specified | | Further information required |
|---|---|--|---|
| <input checked="" type="checkbox"/> Questionnaire(s) or survey(s) | <input checked="" type="checkbox"/> Online <input type="checkbox"/> Printed <input type="checkbox"/> Other, please specify: Click or tap here to enter text. <input type="checkbox"/> Fully identifiable (name on it) <input checked="" type="checkbox"/> Potentially identifiable (coded) <input checked="" type="checkbox"/> Anonymous (never can be identified) | | <ul style="list-style-type: none"> • Attach questionnaire(s)/ survey(s) • Please specify how the survey will be returned to you: The participants will complete the survey through Qualtrics, and the data will be saved to Qualtrics' server. After the data collection is completed, the researchers will download the data from the server to a local computer for analysis. |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Structured <input type="checkbox"/> Semi-structured <input type="checkbox"/> Unstructured | Audio recording <input type="checkbox"/> Yes <input type="checkbox"/> No Video recording <input type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> • Attach interview questions or lists of topics |
| <input type="checkbox"/> Observations | <input type="checkbox"/> With the knowledge of participants <input type="checkbox"/> Without the knowledge of participants | Audio recording <input type="checkbox"/> Yes <input type="checkbox"/> No Video recording <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Photography or videography | <input type="checkbox"/> With the knowledge of participants <input type="checkbox"/> Without the knowledge of participants | Audio recording <input type="checkbox"/> Yes <input type="checkbox"/> No Video recording <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Responses to tasks or stimuli or simulations | | | <ul style="list-style-type: none"> • Provide copies or description of tasks |
| <input type="checkbox"/> Other | Please specify: Click or tap here to enter text. | | |

Commented [d1]: Participants will provide their contact number & last name if they would like to receive the gift for participation.

Commented [d2]: Participants could refuse to provide the potentially identifiable information.

35. Where will the data be collected? If not known, please provide suggested locations.

| |
|------------------------------------|
| The data will be collected online. |
|------------------------------------|

36. By whom will the data be collected?

| |
|--|
| <input checked="" type="checkbox"/> Principal Investigator / Primary Supervisor |
| <input type="checkbox"/> Co-Investigator |
| <input checked="" type="checkbox"/> Student Researcher |
| <input type="checkbox"/> Research Assistant |
| <input type="checkbox"/> Other, please specify: Click or tap here to enter text. |

37. Will you require the use of a translator, or will you use documentation translated into a language other

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than English/Chinese?

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes, please describe how the translator will be utilised. If using translated documents, please provide a copy of the documentation in English/Chinese and a copy in the translation. |
| |

38. Does this research involve interactions with children or other vulnerable individuals who are not supervised by a parent/guardian/teacher/care giver?

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes, please explain why supervision is not available and the measures implemented to manage this situation. |
| |

39. Is there a dependent or unequal relationship between any person collecting the data and the participant?

| |
|--|
| <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes, please give details and explain the measures implemented to manage this situation. |
| |

40. Will you indicate the procedure proposed above to potential participants in your information sheet?

| |
|---|
| <input type="checkbox"/> Yes, please give details and explain the measures implemented to manage this situation. |
| <input checked="" type="checkbox"/> No, please explain why not: This study will not involve translator, vulnerable individuals or unequal relationship. |

PART VI USE AND DISCLOSURE OF INFORMATION

41. Are you collecting, using or disclosing PERSONAL INFORMATION, HEALTH INFORMATION or SENSITIVE INFORMATION?

| |
|---|
| <input type="checkbox"/> No, <ul style="list-style-type: none"><input type="checkbox"/> I am obtaining participants names from a public domain source, and I am using an anonymous survey and I am not using a consent form or collecting their names in any other way.<input type="checkbox"/> I am not obtaining participants names at any point during the research.<input type="checkbox"/> I am using fully de-identified data from a database. I will never be able to reasonably ascertain the identity of any individual.<input type="checkbox"/> I am not using any data related to human participants, please skip part VI<input type="checkbox"/> No, please specify: Click or tap here to enter text. |
| <input checked="" type="checkbox"/> Yes, <ul style="list-style-type: none"><input checked="" type="checkbox"/> Personal information (e.g., name, student number)<input type="checkbox"/> Sensitive information (e.g., sexual behavior, illegal activities)<input type="checkbox"/> Health information (e.g., medical history, diagnosis) |

42. How will information be handled to safeguard confidentiality?

| |
|--|
| It will be kept in secure storage, accessible only to the research team named on this document. Once the data is downloaded from Qualtrics, all contact details for receiving the gift will be stored separately from survey data to ensure the anonymity of survey responses. |
|--|

43. Describe the procedures you will use to protect participants from any distress, embarrassment or other harm that might be caused when the data is reported.

| |
|---|
| Only the aggregated group data will be reported. Participants will not be identified when the data is reported. |
|---|

44. Does the Participant Information Consent Form explain the following?

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The identity of the organisation/principal investigator collecting the information and how to contact it/him/her? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The purposes for which the information is being collected? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The period for which the records relating to the participant will be kept? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The steps taken to ensure confidentiality and secure storage of data? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | The types of individuals or organisations to which your organisation usually discloses information of this kind? |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | How privacy will be protected in any publication of the information? |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | The consequences (if any) for the individual if all or part of the information is not provided. |

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45. Does the project involve the collection, use or disclosure of identified or potentially identifiable information from sources other than the individual whose information it is?

| |
|--|
| <input checked="" type="checkbox"/> No, please go to Q51 |
| <input type="checkbox"/> Yes. |

46. Does the project involve the collection, use or disclosure of information without the consent of the individual whose information it is (or their legal guardian)?

| |
|---|
| <input type="checkbox"/> No, please go to Q51 |
| <input type="checkbox"/> Yes. |

47. Please provide the sources of information will be collected from and list the information or records to be collected.

Only answer this question if the project involves the collection of identified (or potentially identifiable) information from a source other than the individual (or their legal guardian) without the consent of the individual or their legal guardian.

| Source | Permission | Information or records to be collected (e.g. contact information; complete medical history) | |
|--------|--|--|------|
| | | Quantity | Type |
| | <input type="checkbox"/> Yes | | |
| | <input type="checkbox"/> Pending | | |
| | <input type="checkbox"/> No, please explain why permission is not available: Click or tap here to enter text. | | |
| | | | |
| | <input type="checkbox"/> Yes | | |
| | <input type="checkbox"/> Pending | | |
| | <input type="checkbox"/> No, please explain why permission is not available: Click or tap here to enter text. | | |
| | | | |

** If you need more rows please click on a row, go to **TABLE** on the menu bar and then to **INSERT** on the drop-down menu. Click on **ROWS BELOW**.*

48. Please explain why information will not be collected or used in a de-identified form.

| |
|--|
| |
|--|

49. Please explain why you will not obtain consent from the individual(s) whose information will be collected or used?

| |
|--|
| |
|--|

50. What are the specific purposes for which the information will be collected or used?

| |
|--|
| |
|--|

51. Will the data be shared with third parties during or after the completion of the study?

| |
|--|
| <input type="checkbox"/> No, the data can only be accessed by the UM research team of this study. |
| <input checked="" type="checkbox"/> Yes, <input checked="" type="checkbox"/> Open data repositories <input checked="" type="checkbox"/> Journal publisher(s) <input type="checkbox"/> Research collaborator(s), please specify: Click or tap here to enter text. <input type="checkbox"/> Government department(s), please specify: Click or tap here to enter text. <input type="checkbox"/> Other, please specify: Click or tap here to enter text. |

52. Describe the security arrangements for storage of the information. Where will the information be stored? Who will have access to the information?

| |
|--|
| The provided data will be stored securely in the server of a non-local online survey platform (Qualtrics), at a place outside Macau (i.e., Australia), and on the researchers' computers during different phases of data collection, analysis, write-up and gift distribution. All these systems and computers are protected by passwords and cannot be accessed by others. Only Prof. Tai Man CHAN and the student researcher Sio Meng VONG has access to the data. |
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53. For what period of time will the information be retained? How will the information be disposed of at the end of this period?

Qualtrics survey data will be deleted at the survey close after downloading to a secure UM server. The contact information for receiving the gift will be deleted permanently after successfully contacting the participants. The data will be retained 5 years post-publication. All data will be erased from researchers' computers and UM server at the end of this period.

54. How will the privacy of individuals be respected in any publication arising from this project?

Only the aggregated group data will be reported. Participants will not be identified when the data is reported in the publication.

55. Are procedures in place to manage, monitor and report adverse and/or unforeseen events relating to the collection, use or disclosure of information?

The Data will be password protected and only the primary supervisor and the student researcher have access. In the event of a privacy breach, the researchers will report any and all adverse events. Any adverse events will immediately be reported to the Sub-Panel on Social Science & Humanities Research Ethics.

PART VII FEEDBACK AND DEBRIEFING

56. In what form will you publish this research? (Can select more than one)

- ☒ Thesis
- ☒ Journal article / book / chapter
- ☒ Conference presentation
- ☐ Report to organisation
- ☐ Online web based
- ☒ Oral presentation
- ☒ Other, please specify: Industry practitioner-oriented report, industry workshops

57. In what form will information about results of the project be communicated to participants and / or parents and guardians?

- ☒ Summary
- ☒ Copy of journal article / book / chapter
- ☐ Conference presentation
- ☐ Report to organisation
- ☐ Online web based
- ☐ Oral presentation
- ☐ Results will not be communicated to participants and / or public, please go to Q58
- ☐ Other, please specify: Click or tap here to enter text.

58. How will participants be provided with the results?

- ☒ Participants will be provided with the researchers' contact details in the Information Sheet/Recruitment Document(s)/Informed Consent Form to request the results
- ☐ Participants will be advised of the website on which the results will be available
- ☐ Other, please specify: Click or tap here to enter text.

59. Will any other persons or organisation be provided with the results?

- ☐ Yes, please specify: Click or tap here to enter text.
- ☒ No

60. How will others be provided with the results?

- ☒ In totally de-identified summary form in which no individual can be identified
- ☐ In de-identified summary form, but in a manner which may allow individuals to be identified
- ☐ In identified form, or in a manner which may allow participants to be identified
- ☐ Other, please specify: Click or tap here to enter text.

61. Is a form of debriefing required because deception has been employed or because the research has aroused emotional feelings? How will this be arranged?

Debriefing for deception will not be employed in this study. Debriefing for aroused emotional feelings will not

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be arranged as the appropriate counselling service available will be provided with the information sheet.

62. How will information about results of any tests be communicated to participants and / or parents and guardians? What arrangements will be in place to deal with participants' distress in the case of adverse test results?

The participants will be provided with the aggregated summary of the result by contacting the researchers. Resources and services will be recommended if they get distressed in the case of adverse results.

PART VIII OTHER ETHICAL ISSUES

63. Are there any other ethical issues raised by the proposed project? What is your response to them?

All the ethical issues have been addressed in the previous sessions.

PART IV: DECLARATION AND SIGNATURE

We, the undersigned, declare the following

1. I/We declare that the information supplied in this application is to the best of our knowledge and accurate.
2. I/We agree to uphold the protection of research participants' rights and safety through adherence to local laws and institutional policies.
3. I/We understand that approval by the Sub-panel is subject to regular renewal according to policy.
4. I/We agree to report to the Sub-panel for
 - a. Any planned change(s) to the study, and further agree not to implement any change(s) without receiving prior approval, except to eliminate immediate hazard to research subjects or when the change(s) involve only logistical or administrative issues.
 - b. Any unanticipated problems involving risks to subjects such as severe adverse event within 24 hours of its identification
5. I/We agree to keep all study documents for a period of **at least three years** after study closure.
6. I/We agree to maintain adequate records and to make them available for audit/inspection.
7. I/We agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study are informed about their obligations in meeting the above commitments.
8. I/We undertake to assure that any documents translated into a language other than English are accurate and accept full responsibility for any events arising as a result of inaccuracies in such translations.
9. I/We acknowledge the sub-panel shall not bear any responsibility for any problems, losses, or damage caused by the study.
10. I/We understand that it is my/our responsibility to obtain any additional ethical, legal or other approvals for this application.

| | | | |
|---|-------------|------------------|--------------------------|
| <i>For academic's research project:</i> | Name | Signature | Date (dd/mm/yyyy) |
| Principal investigator (PI) | | | |
| <i>For student's research project:</i> | Name | Signature | Date (dd/mm/yyyy) |
| Academic Supervisor | | | |
| Student | | | |