



Manawatu Student Science and Technology APPROVAL FORM

You **MUST** use this form if you are using **LIVING THINGS** in your project.

Living Things are people, plants, animals, and micro-organisms e.g. bacteria, fungi and yeast, milk, cheese, yoghurt.

Please place these 4 pages in an envelope in *front* of logbook







All completed participant forms will go in a separate envelope in the back of your logbook.

Steps:

1. Answer the 7 Questions below and fill in the following pages. You may not need all the sections.

2. Your classroom teacher will check this form. Your **MSTF teacher will also check and sign this form** and may send it to MSTF for further approval *before 31st May*.

PLEASE ANSWER ALL 7 QUESTIONS BELOW by CIRCLING YES or NO

<p>1. Are you ONLY asking people survey questions?</p> <p>NO – Please go onto Question 2</p> <p>YES – Please use the Student Approval Form SURVEY</p>	
<p>2. Are you using animals?</p> <p>NO – Please go onto Question 3</p> <p>YES – Please visit https://nzase.org.nz/animal-ethics/</p>	
<p>3. Are you making people do a physical activity?</p> <p>NO – Please go onto Question 4</p> <p>YES – Please circle if your project is Low level* OR High Level</p> <p><i>*LOW Level is a normal classroom/extracurricular activity for your age group and can be approved by the school MSTF teacher, other activities are High Level and require full MSTF approval</i></p>	
<p>4. Are you making people apply any substance to part of their body?</p> <p>NO – Please go onto Question 5</p> <p>YES – You will need to get full MSTF Approval. See the information sheet</p>	
<p>5. Are you making people do a MEDICAL test?</p> <p>NO – Please go onto Question 6</p> <p>YES – You will need to get full MSTF Approval. See the information sheet</p>	
<p>6. Are you making people EAT or DRINK anything OR are you developing a food product which includes milk, cheese, yoghurt or probiotics?</p> <p>NO – Please go onto Question 7</p> <p>YES – You will need to get full MSTF Approval. See the information sheet</p>	
<p>7. Are you using micro-organisms (bread, yeast, fungi, bacteria, milk, cheese or yoghurt)? NOTE: Baker's yeast does not require approval</p> <p>NO – Please complete your method below and modify the participant consent form.</p> <p>YES – You may need to get full MSTF Approval. See the information sheet</p>	

First Name of Student(s):

Aim: (E.g. To find out...., What is your question? Need? Opportunity? What are you trying to find out? OR What are you trying to develop or test? What are you asking people to do?)

Method: - please refer to the **information sheet** for details needed in your method

Adult/s responsible for supervising your activity: This is to keep you safe while you are doing your project.

Name:

Signature:

(Note: We recommend you have a first aid kit available when running your activity)

It would speed up the review process if someone with expertise in your area of study has checked your method.

Name of person:

Job:

Qualification:

Signature:

Email address:

Phone number:

Any MEDICAL tests MUST have the method approved by a suitable health professional.

Name of Health Professional (print): _____

Qualification:

Signature of Health Professional:

Email: address:

Phone number:

I have read the form below, the Method and Participant Consent Template Form. To the best of my knowledge the student and all participants and the researcher would remain safe while participating in this activity.

MSTF Teacher signature:

MSTF Teacher Name:

Date:

School Project CODE number:

(This is only a Template. Please add in the details for your project before you give it to your teacher to check)

MSTF Consent Form for Participants

Apart from the MSTF teacher and perhaps the chief judge, this information will remain confidential.

My name is _____ . I am a year _____ at _____ (insert your school) _____ .

The purpose of my investigation is to.... (add details regarding what you are trying to find out, e.g. what is the aim of your project)

I am looking for participants to.... (explain exactly what you want each participant to do, refer to *information sheet*)

At the end of the project, all the raw data e.g. questionnaires, discussion notes, audiotapes and video records will be destroyed before **January 1, 2020**. When the results of the project are published or presented your name will not be used unless I have received for you, prior permission.

If you are able to participate in my project, can you please fill in and tick the boxes in the sections below.

(This section is only needed for Food and Product testing projects, please delete if not needed)

Full Ingredient list

Below is a list of all ingredients in the product/s that are to be tested. Please read through the list and indicate if **you have or don't have** a known allergy to any of these substances.

Regarding preservatives and additives, a possible scenario is the addition of chopped dried apricots to a new yoghurt drink or fruit bar – the apricots have been preserved using sulfur dioxide, and this appears in the final food.

<http://www.foodsmart.govt.nz/allergies-intolerances/identifying-allergens/> See also

<http://foodsafety.govt.nz/industry/sectors/manufacturers-food-beverages/yopi.htm>

Ingredient	Allergic Y N	Ingredient	Allergic Y N
Please list each ingredient Example of product testing Change these details for your project	<input type="checkbox"/> <input type="checkbox"/>	Please list every ingredient Example of food tasting/making needed: Change these details for your project	<input type="checkbox"/> <input type="checkbox"/>
<i>Lanolin</i>	<input type="checkbox"/> <input type="checkbox"/>	<i>Baking soda – Edmonds,</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Colour 235</i>	<input type="checkbox"/> <input type="checkbox"/>	<i>Colour 922,</i>	<input type="checkbox"/> <input type="checkbox"/>
<i>Distilled Water</i>	<input type="checkbox"/> <input type="checkbox"/>	<i>Skim milk powder – Pams,</i>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	<i>White sugar – Chelsea</i>	<input type="checkbox"/> <input type="checkbox"/>

Allergies *(Change these to match your project, some may not apply)*

Please indicate if you are allergic to any of the following:

- Allergic to eggs Allergic to phosphates Allergic to food colour Allergic to sulfates
 Allergic to dairy Allergic to fish Allergic to seafood Allergic to soy
 Other additives (please list each one separately e.g. sulfur dioxide, benzoate, etc.)

If you are allergic to any of the ingredients in the product, you **may not** participate in this study.

(This section is only needed for Medical and Physical Activity, please delete if not needed)

Health Conditions

Please indicate if you have experienced any of the following:

- Heart Condition Asthma Injury to limbs
 Epilepsy Other (please list) _____

If you have **any** of the health conditions listed above you **may not** be able to participate in this study.

Survey Questions:

As part of my project I need to ask you some questions. If you are able to participate in my project, can you please complete the questions below and sign the bottom section of the form.

Note: You may refuse to participate or refuse to answer any of the survey questions.

The questions are: *(Insert questions below)*

Confirmation that you have understood the requirements of participating in this project

(A separate form is to be completed and signed by each participant and the researcher or signed by their Parent/Guardian, if the participant is under 18). Note: All participants under 18 require a Parent's or Guardian's signature.

Please tick the boxes.

- I have read the contents of this survey consent form and have had any questions answered satisfactorily.
 I have received answers to my questions.
 I give my consent for myself/my child (delete one) to participate in this research project.
 I understand that the data will conceal my/their identity and that the data will be destroyed by the date given above
 I understand that all photos, video and electronic recordings of myself will be returned to me by the date given above
 I have received (or will receive) a copy of this form for my records and for future reference

Participant's Name (print):

Participant's Signature:

Parent's/Guardian's of the Participant's Name (print):

Parent's/Guardian's of the Participant's Signature:

Date:

I understand that if I have any questions I may contact the surveyor on:

Surveyor's Name:

Surveyor's email:

MSTF Teacher's name: