ANNEXES

Substance Abuse Among Adolescents in Northern Cyprus:
Trends, Risks, and Preventive Responses

Annex A — Scientific Research Application Form

Annex B — Ethical Approval for Research Study

Annex C — Permission to Publish and Disseminate Research Findings

Annex D — Data Use and Ownership Statement

Annex E — Ethical Compliance Confirmation

Annex F — Institutional Support and Public Benefit Endorsement

Annex G — Consolidated Ethical Approval and Ethics Statement

Annex H — Ethical Timeline Confirmation

Annex I — Parent Information and Consent Procedure

Annex J — Confirmation of Administrative and Institutional Permissions

Annex K — School / Headteacher Information and Institutional Consent Form

Annex L — Student Information Sheet and Assent Form

Annex M — Data Protection, Anonymisation and Data Management Plan (GDPR)

Annex N — Declaration of Helsinki (2024) and GDPR Compliance Statement

Annex O — Survey Administration Protocol (ESPAD Standardised Procedure)

Annex P — Journal Submission Declarations (Ethics, Consent, Data, Funding, COI, Authorship, Generative AI)

ANNEX A: Scientific Research Application Form

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SCIENTIFIC RESEARCH APPLICATION FORM

Title of the Research:
……

Type of Research: ☐ Master's Thesis ☐ Doctoral Thesis ☐ Other: _____
☐ Individual Research ☐ Institutional Research

Thesis Supervisor
Full Name: _____ Telephone: _____ E-mail: _____

Principal Investigator (Applicant)
Full Name: _____
Profession: _____
E-mail: _____
Correspondence Address: _____
University/Institution Where the Research Will Be Conducted: _____
Affiliated Institution: _____ Telephone: _____

Other Researchers (If Any)
1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Data Collection (Multiple options may be selected)
Educational Level(s): ☐ Pre-school ☐ Primary ☐ Secondary ☐ High School
Participants: ☐ Students ☐ Teachers ☐ School Administrators ☐ Ministry Staff ☐ Individuals with Special Needs ☐ Other
Data Collection Tools: ☐ Questionnaire ☐ Scale ☐ Inventory ☐ Interview ☐ Observation ☐ Other
Expected Number of Participants: _____
Will audio and/or video recording be conducted? ☐ Yes ☐ No

I hereby declare that I have read and understood the Scientific Research Implementation Regulation of the TRNC Ministry of National Education, Board of Education and Training, and that the information provided in this form is accurate.

Full Name: _____ Signature: _____ Date: ____ / ____ / _____