ACTIVITY APPLICATION eHEALTH HOUSE



Applicant			
Name			
E-mail			
Phone			
Function	☐UT student		
	Student number		
	Study track		
	Bachelor/Master/Other		
	□UT employee		
	Function		
	Department		
	Faculty		
	•		
	☐ Other applicant	T	
	Function		
	Department		
	Organization		
	Organization address		
Names of co-applicants			
Project			
Name of project/activity			
Type of project/activity	☐ Education		
	Course name		
	Course coordinator		
	☐ Student thesis / internship		
	Bachelor/master/other		
	Supervisor		
	Supervisor's department		
	□ Research project		
	Main investigator(s)		
	Type of research	☐ UT internal	
	Type of research	□ National	
		☐ International	
		□ Other	
	☐ Other / external		
	Type		
Overall goals of	Short description of the overall background a	nd goals of the education/thesis/research project.	
project/activity			
Partners / organizations			
involved			
eHealth House activit	ies		
Specification of activities	Describe or attach description of:		
to be performed in the	- Goals of activities		
eHealth House	- Specification of activities, including information about:		
G. 104.11. 1.104.00	 Participants Setting (location / environmental setup) Materials and measurements Experiments or activities performed 		
	- Estimated duration and amount of activities		

Human subjects	Description of subjects		
(if applicable)	Number of subjects		
	Age of subjects		
	Way of subject recruitment		
	Ethical approval obtained?	□ Yes	
		□ No	
		☐ Not applicable	
Facilities needed			
Lab spaces	☐ Living area		
·	□ Control room		
	☐ Meeting/debriefing room		
Camera observations	☐ Yes		
	☐ Maybe		
	□ No		
eHealth House equipment	Type + amount		
er realtir riouse equipment	Type - amount		
Equipment you will bring	Type + amount		
yourself (if applicable)			
Alterations of standard lab			
set-up (if applicable)		T =	
User period	Planned period	Start-end date or specific dates	
	Total hours/days		
	Total Hours/days		
	Preparation time		
	(i.e. to build or remove set-up)		
Notes			
D 1.0			
Regulations			
Declarations	☐ Applicant declares to comply to lab regulations (eHealth House rules)		
(Tick all applicable boxes)	☐ Applicant declares to comply to use equip	Applicant declares to comply to use equipment according to guidelines	
	☐ Applicant declares to comply to ethical regulations for human subject studies (if applicable)		
	☐ Applicant declares to comply to data regulations (if applicable)		