A. RESEARCH INFORMATION

RESEARCH TITLE	
SHORT DESCRIPTION OF THE RESEARCH	
RESEARCH AGENDA CATEGORY	
(Please check only one) **Main Themes** 1. Teaching and Learning ___ a. Instruction ___ b. Curriculum ___ c. Learners ___ d. Assessment ___ e. Learning Outcomes 2. Child Protection ___ a. Bullying ___ b. Teenage Pregnancy ___ c. Child Abuse ___ d. Addiction ___ e. Media Consumption 3. Human Resource Development ___ a. Teaching and Non-Teaching Qualifications and Hiring ___ b. Career Development ___ c. Employee Welfare 4. Governance ___ a. Planning ___ b. Finance ___ c. Program Management ___ d. Transparency and Accountability ___ e. Evaluation	**(Please check any, if applicable)** **Cut-Across Themes** 1. Disaster Risk Reduction and Management (DRRM) ___ a. Prevention and Mitigation ___ b. Preparedness ___ c. Response ___ d. Rehabilitation and Recovery ___ 2. Gender and Development (GAD) ___ 3. Inclusive Education ***RESEARCH SCOPE*** *(please check **only one**)* ___ National ___ Region ___ Division ___ District ___ School ***RESEARCH CATEGORY*** *(please check **only one**)* ___ Action Research ___ Basic Research
FUND SOURCE (e.g. BERF, SEF, others)*	**AMOUNT**
TOTAL AMOUNT	

****indicate also if proponent will use personal funds***

B. **PROPONENT INFORMATION**

LEAD PROPONENT / INDIVIDUAL PROPONENT

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**
BIRTHDATE (MM/DD/YYYY) ☐☐☐☐☐☐☐☐	**SEX:** ☐ **Male** ☐ **Female**	**POSITION:** (e.g. Teacher 1, Master Teacher 1…) **DESIGNATION:** (if applicable)
CONTACT NUMBER 1:	**CONTACT NUMBER 2:**	**EMAIL ADDRESS:**
NAME OF SCHOOL / DISTRICT / OFFICE ASSIGNED		**CONTACT NUMBER OF SCHOOL / DISTRICT / OFFICE**
ADDRESS OF SCHOOL / DISTRICT / OFFICE ASSIGNED	**DIVISION**	**REGION** **VII**

EDUCATIONAL ATTAINMENT (DEGREE TITLE) *enumerate from bachelor's degree up to doctorate degree*	**TITLE OF THESIS / RELATED RESEARCH PROJECT** *for the last three (3) years*

SIGNATURE OF PROPONENT:

For Approved Researches Only: (Regional Research Committee Approval)
DepED Payroll Account Recommended

BANK ACCOUNT NO.:	**BANK NAME:**	**BANK BRANCH:**

PROPONENT 2

LASTNAME:	FIRST NAME:	MIDDLE NAME:
BIRTHDATE (MM/DD/YYYY) ☐☐☐☐☐☐☐☐	SEX: ☐ M ☐ F	POSITION: DESIGNATION: (if applicable)
CONTACT NUMBER 1:	CONTACT NUMBER 2:	EMAIL ADDRESS:

NAME OF SCHOOL / DISTRICT / OFFICE ASSIGNED	CONTACT NUMBER OF SCHOOL / DISTRICT / OFFICE	
ADDRESS OF SCHOOL / DISTRICT / OFFICE ASSIGNED	DIVISION	REGION

EDUCATIONAL ATTAINMENT (DEGREE TITLE) *enumerate from bachelor's degree up to doctorate degree*	TITLE OF THESIS / RELATED RESEARCH PROJECT

SIGNATURE OF PROPONENT:

PROPONENT 3

LASTNAME:	FIRST NAME:	MIDDLE NAME:
BIRTHDATE (MM/DD/YYYY) ☐☐☐☐☐☐☐☐	SEX: ☐ M ☐ F	POSITION: DESIGNATION: (if applicable)
CONTACT NUMBER 1:	CONTACT NUMBER 2:	EMAIL ADDRESS:

NAME OF SCHOOL / DISTRICT / OFFICE ASSIGNED	CONTACT NUMBER OF SCHOOL / DISTRICT / OFFICE	
ADDRESS OF SCHOOL / DISTRICT / OFFICE ASSIGNED	DIVISION	REGION

EDUCATIONAL ATTAINMENT (DEGREE TITLE) *enumerate from bachelor's degree up to doctorate degree*	TITLE OF THESIS / RELATED RESEARCH PROJECT

SIGNATURE OF PROPONENT:

IMMEDIATE SUPERVISOR'S CONFORME

I/We hereby endorse the attached **RESEARCH PROPOSAL**. I/We certify that the proponent/s has/have the capacity to conduct a research study without compromising his/her/their office functions.

	Lead Proponent's Immediate Supervisor	***2nd Proponent's Immediate Supervisor***	***3rd Proponent's Immediate Supervisor***
Full Name			
Position / Designation			
School / District / Office			
Date			
Signature			

DECLARATION OF ANTI-PLAGIARISM

1. I/We, _____, understand that plagiarism is the act of taking and using another's ideas and works and passing them off as one's own. This includes explicitly copying the whole work of another person and/or using some parts of such work without proper acknowledgement and referencing thereof.

2. I/We understand that violation from this declaration and commitment shall be subject to consequences and shall be dealt with accordingly by the Department of Education, as stipulated in DO. No. 16, s 2017 entitled "Research Management Guidelines (RMG)."

3. I/We hereby attest to the originality of this research proposal and has cited properly all the references used. I/We further commit that all deliverables and the final research study emanating from this proposal shall be of original content. I/We shall use appropriate citations in referencing other works from various sources.

	Lead Proponent	***2nd Proponent***	***3rd Proponent***
Full Name			
Position / Designation			
School / District / Office			
Date			
Signature			

DECLARATION OF ABSENCE OF CONFLICT OF INTEREST

4. I/We, _____, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise my/our judgement in evaluating, conducting, or reporting research.[1]

5. I/We hereby declare that I/We do not have any personal conflict of interest that may arise from my/our application and submission of my/our research proposal. I/We understand that my/our research proposal may be returned to me/us if found out that there is conflict of interest during the initial screening as per item A(*ii*), Section V(B) of the Research Management Guidelines.

6. Further, in case of any form of conflict of interest (possible or actual) which may inadvertently emerge during the conduct of my/our research. I/We will duly report it to the research committee for immediate action.

7. I/We understand that I/We may be held accountable by the Department of Education and Basic Education Research Fund (BERF) for any conflict of interest which I/We have intentionally concealed.

	Lead Proponent	***2nd Proponent***	***3rd Proponent***
Full Name			
Position / Designation			
School / District / Office			
Date			
Signature			

[1] *Office of Ethics and Compliance, University of California, San Francisco, retrieved from https://coi.ucsf.edu/*