**University of South Africa**

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| FORM 3: 2019  Research Ethics Application Form for Research NOT involving Human Participants/Animals  Research NOT involving Human Participants is defined as such if:   * there is NO interaction or intervention with living individuals to obtain data, * the data collected cannot be linked in any way to identifiable individuals (living or dead) or animals, and * is mostly in the public domain. |

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| **IF YOU ANSWER YES TO THE QUESTIONS BELOW, PLEASE CONTINUE FILLING IN THIS FORM.**  **IMPORTANT:**  **IF YOU ANSWERED ‘NO’ TO QUESTION (a) STOP COMPLETING THE FORM.**  **IF YOU ANWER ‘YES’ TO QUESTION (b), HOWEVER, YOU ARE CONVINCED THAT THE STUDY FITS THIS APPLICATION TYPE, JUSTIFY THE REASON IN THE COMMENTS SECTION.**  **IN THE ABSENCE OF A VALID JUSTIFICATION, STOP COMPLETING THIS FORM (see note below).** | | |
| The proposed study entails: | **YES** | **NO** |
| 1. NO interaction or intervention with living individuals; and |  |  |
| 1. the data collected cannot be linked in any way to identifiable individuals (living or dead) AND/*OR is not in the public domain* |  |  |
| **COMMENTS:** | | |

NOTE: For research that involves direct human participant involvement or a combination of direct human participant involvement and the collection of secondary information, complete Form 1.

For research that involves indirect human participant involvement through the use of secondary data, complete Form 2.

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| **Previous application number**  *Applicant should indicate a previously allocated application number in case of a resubmission* |  |
| **Date submitted** |  |
| If you have any questions about or require assistance with the completion of this form, please contact your supervisor (master’s or doctoral students), or the Research Ethics Administrator of the ERC (012 429 XXX or [XXX@unisa.ac.za](mailto:XXX@unisa.ac.za)). | |

**\**This Section is for Office Use Only:***

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| **APPLICATION NUMBER** |  |
| **DATE RECEIVED** |  |
| **REVIEWED BY (CHAIR OR DESIGNEE) PRINTED NAME** |  |
| **DESIGNATION** |  |
| **RESEARCH MEETS THE DEFINITION FOR RESEARCH NOT INVOLVING HUMAN PARTICIPANTS** | **Yes**  **No** |
| **RISK LEVEL** | **Negligible**  **More that negligible** |
| **DECISION (approved, referred back, disapproved)** |  |
| **REVIEWER COMMENTS IF APPLICABLE** |  |
| **APPROVAL SIGNATURE (CHAIR OR DESIGNEE)** |  |
| **DATE SIGNED** |  |
| **DATE OF ISSUING APPROVAL OR FEEDBACK LETTER** |  |
| **DATE OF ETHICS REVIEW COMMITTEE RATIFICATION** |  |
| **PERIOD FOR WHICH APPROVAL IS VALID**  (Valid only as long as approved procedures are followed) | **From: To:** |

**PRIVACY INFORMATION:**

The information you provide on this form is collected for the primary purpose of assessing your research ethics application. This information will also be entered into a database to assist with administration, correspondence, and statistical analyses. These records are accessed by the Unisa Research Ethics Review office bearers and members of relevant committees. Records will be made available to authorised third parties should the need arise such as the National Health Research Ethics Council and Unisa structures (such as University Research Ethics Review Committee). All records will be retained for as long as necessary to achieve the purpose for which it was collected.

**Contents of this application form**

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| **RESEARCHER’S DECLARATION TO ADHERE TO THE UNISA CODE OF CONDUCT REGARDING THE ETHICS OF THE PROPOSED RESEARCH** |

**By signing below, I**        **(full name of the main researcher) I declare as follows:**

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| 1. I completed all the sections of this form that are relevant to the proposed research study. |  | | Agree |
| 1. I have acquainted myself with UNISA’s code on research ethics expressed in the UNISA Policy on Research Ethics. |  | | Agree |
| 1. I shall conduct the research in strict accordance with the approved proposal. I acknowledge that the approval is valid as long as approved procedures are followed. |  | | Agree |
| 1. I shall notify the URERC in writing if any changes to the research are proposed that may affect the ethicality of the research. |  | | Agree |
| 1. I shall maintain the confidentiality of records pertaining to the research if needed. |  | | Agree |
| 1. I shall not use the research and information in a manner that is detrimental to any individual or institution unless it can be scientifically justified. |  | | Agree |
| 1. I shall uphold research integrity and refrain from conduct that may taint the integrity of science, including, but not limited to plagiarism, fabrication and falsification of data. |  | | Agree |
| 1. I shall take the necessary steps to warrant that co-researchers, if applicable, familiarise themselves with the Unisa Policy on Research Ethics. |  | | N/A  Agree |
| 1. I accept the privacy information statement set out on page 2. | |  | Agree |

Signing of declaration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed\_\_\_\_\_\_\_\_

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by supervisor (if applicable)

To my knowledge the student has addressed all aspects in his/her application for research ethics approval set forth in the University of South Africa’s Policy for Research Ethics. I confirm that the form is complete.I will ensure that the student notify the committee in writing if any changes to the research are proposed that may affect any of the study-related risks. Subsequently, I approve the submission and recommend that approval is granted for the research.

Name in Print Signature Date signed

**Please complete the rest of the form below.**

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| **SECTION 1: RESEARCHER’S DETAILS** |

***\*This section should be fully completed to aid with the issuing of the clearance certificate and for sound administrative procedures.\****

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| **1.1** | **Details of main researcher (referred to as the applicant)** | | | | |
| Title | Full name & Surname | Staff / student no | Department/Unit where you are currently registered or employed | Contact numbers | Email address |
|  |  |  |  | Mobile:  Work:   |  | | --- | |  | |  |
| Abridged CV of main researcher | | Please insert an abridged CV that **explicitly** provides evidence of:   * Experience relevant to the proposed research * Qualifications relevant to the proposed research * Publications and other research outputs | | | |

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| **1.2** | **Supervisor if the application is made by a student** | | | | |
| Title | Full Name & Surname | Staff no | Department/Unit where you are employed | Contact numbers | Email address |
|  |  |  |  | Mobile:  Work: |  |
| Abridged CV of supervisor | | Please insert an abridged CV that **explicitly** provides evidence of:   * Experience relevant to the proposed research * Qualifications relevant to the proposed research * Publications and other research outputs | | | |

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| **1.3** | **Co-supervisor if the application is made by a student\***  **\*** if applicable | | | | |
| Title | Full Name & Surname | Staff / student no | Department/Unit where you are employed | Contact numbers | Email |
|  |  |  |  | Mobile:  Work: |  |
| Abridged CV of co-supervisor | | Please insert an abridged CV that **explicitly** provides evidence of:   * Experience relevant to the proposed research * Qualifications relevant to the proposed research * Publications and other research outputs | | | |

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| **1.4** | **Internal and/or External Co-Researcher(s) \***  **\*** if applicable | | | |
| Title | Full Name & Surname | Affiliation/ Organisation/Department | Contact numbers | Email |
|  |  |  | Mobile:  Work: |  |
| Abridged CV of co-researcher | | Please insert an abridged CV that **explicitly** provides evidence of:   * Experience relevant to the proposed research * Qualifications relevant to the proposed research * Publications and other research outputs | | |

*\*Please provide information of additional researchers if applicable by inserting additional rows below*

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| **SECTION 2: DETAILS OF PROPOSED RESEARCH** |

***\*Proposal to be submitted in case of postgraduate student applications, as well as evidence of proposal acceptance by a relevant scientific committee.***

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| **2.1** | **Will the research project at any stage involve living human participants?**  *\*Place an ‘x’ in the box provided* |
| **Yes** |  |
| **No** |  |

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| **2.2** | **Will the research project at any stage report on identifiable private information of individuals (living or dead) that is not in the public domain?** *\*Place an ‘x’ in the box provided* |

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| **Yes** |  |
| **No** |  |
| *If so, please explain the nature of the information:* | |

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| **2.3** | **Indicate the anticipated duration of the research project for which the application should be valid** |

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| **Start Date** |  |
| **End Date** |  |

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| **2.4** | **Title of the research project** |
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| **2.5** | **Provide a proposal summary in approximately 500 words. [This requirement should be met by all applicants]**  [Research problem, aim, anticipated outcomes and research design in nontechnical language]  ***\*\*Please note that postgraduate student must submit a proposal that have received prior approval by a relevant Higher Degrees Committee / Scientific committee\*\**** | |
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| **2.6** | | **Guided by the information above, classify your research project based on the anticipated degree of risk. *[The researcher completes this section. The ERC critically evaluates this benefit-risk analysis to protect participants’ rights]*** *Place an ‘x’ in the box provided* |

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| **2.6.1 Negligible risk** |  |
| **2.6.2 More than negligible risk** |  |

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| **2.7** | **Briefly justify your choice/classification:** |
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| **2.8** | **Provide any additional information in the block below.** |
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