**University of South Africa**

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| FORM 6: 2021  Research Ethics Application Form for Research NOT involving Human Participants/Animals involving Class Ethical Approval  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 ANSWER ‘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 class research that involves direct human participant involvement or a combination of direct human participant involvement and the collection of secondary information, complete Form 5.

For class research that involves indirect human participant involvement through the use of secondary data, complete Form 7.

|  |  |
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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/Chairperson of the ERC (School of Computing: [SocEthics@unisa.ac.za](mailto:SocEthics@unisa.ac.za); School of Engineering: [soe\_researchethics@unisa.ac.za](mailto:soe_researchethics@unisa.ac.za); School of Science: SoSEthics@unisa.ac.za). | |

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

|  |  |
| --- | --- |
| **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 personal information you provide on this form is collected for the primary purpose of assessing your research ethics application. This personal information will be entered into a database to assist with administration, correspondence, and statistical analyses. Office bearers of the Ethics Review Committee (ERC) have access to these records. Records will be made available to authorised third parties should the need arise such as the Unisa Research Ethics Review Committee (URERC). 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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| **SUPERVISOR / PRIMARY LECTURER DECLARATION TO ADHERE TO THE UNISA CODE OF CONDUCT REGARDING THE ETHICS OF THE PROPOSED RESEARCH** |

**The declaration should be signed in a separate document and provided to the ERC in a scanned format as part of the application package. PLEASE DO NOT PDF THE APPLICATION FORM BELOW TO ALLOW THE COMMITTEE TO OPEN ATTACHMENTS. STUDENTS SHOULD SIGN THE DECLARATION IN APPENDIX 2.**

**By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(full name of the main supervisor/primary lecturer) declare as follows:**

\*Double click on text box selected

|  |  |  |
| --- | --- | --- |
| 1. I completed all the sections of this form that are relevant to the proposed research study. |  | Agree |
| 1. I shall ensure that the students carry out the study in strict accordance with the approved proposal, the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment. |  | Agree |
| 1. I shall ensure that the research is conducted 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 ERC in writing of any adverse events that occur arising from harm experienced by participants. |  | Agree |
| 1. I shall notify the ERC in writing if any changes to the research are proposed that may affect any of the study-related risks for the research participants (e.g. methodology). |  | Agree |
| 1. I shall store research data securely and in accordance with the data management measures indicated in my application/proposal. |  | Agree |
| 1. I shall ensure that I provide the students with the necessary education to conduct the research with the highest integrity taking into account Unisa’s policy on academic integrity. |  | Agree |
| 1. I accept the privacy information statement set out on page 2. |  | Agree |
| 1. I shall refrain from using the student’s research for personal research output without obtaining consent from the students and Research Permissions Sub Committee (RPSC). |  | Agree |
| 1. I will provide each student that participates in the project with the student’s declaration to sign. |  | Agree |
| 1. If new students join the project I will submit a list of the student names to the ERC in order to inform the ERC of the participating students in the project. |  | Agree |

**Applicant: Supervisor / Primary Lecturer of module**

**CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4. OF 2013**

1. I declare that all the information furnished by me on this form is true and correct and undertake to inform Unisa of any changes in my personal information.

2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments to it and I have taken note of advice which may be applicable to Unisa researchers, non-Unisa researchers and postgraduate supervisors.

3. I, as a researcher and/or postgraduate supervisor, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required research ethics processes about my participation in Unisa research ethics activities, which may include, but is not limited to:

3.1 assessment of research ethics application;

3.2 internal administrative processing;

3.3 assessment of complaints and investigations of alleged violations of norms and standards for the ethical conduct of research; and

3.4 institutional and scholarly research.

4. I also consent that Unisa may share my personal information with other Universities of South Africa, third parties rendering database management facility on behalf of the university, the Department of Higher Education and Training, the National Health Research Ethics Council, Internal and External Auditors, and for the purpose of legislative requirements.

5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.

6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

7. I confirm that I have read the notice and understand the contents thereof.

**Note:** The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at [www.unisa.ac.za](http://www.unisa.ac.za)

Full name in Print:

Signature­­­­­­­­­­­­­: Date signed:

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

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| --- |
| **SECTION 1: APPLICANT’S DETAILS** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1.1** | **Module/ Course Name:** |  | |
|  | **Module/ Course Code:** |  | |
|  | **Project Number:** |  | |
|  | **Project Name:** |  | |
|  | **Department:** |  | |
|  | **Period for which ethical clearance is requested for the project (mark with an X)**  **(For any changes during the period the amendment process must be followed)** | **Semester** |  |
|  | **1 year** |  |
| **2 years** |  |
| **3 years** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **1.2** | **Details of the applicant** | | | | | |
| Title | | Full name & Surname | | | Staff no | Department/Unit where you are currently registered or employed | |
|  | |  | | |  |  | |
| Contact numbers | | | Mobile:  Work: | | | | |
| Email address | | |  | | | | |
| Abridged CV of main researcher explicitly providing evidence of: | | | * + 1. Experience relevant to the proposed research     2. Qualifications relevant to the proposed research     3. Publications and other research outputs     4. Research Ethics Training done within the past three years | | | | |
| **1.3** | | **Internal and/or External Co-Researcher(s) \***  **\*** if applicable | | | | | |
| Title | | Full name & Surname | | | Staff / student no | Department/Unit where you are currently registered or employed | |
|  | |  | | |  |  | |
| Contact numbers | | | | Mobile:  Work: | | | |
| Email address | | | |  | | | |
| Abridged CV of co- researcher(s) explicitly providing evidence of: | | | | * + 1. Experience relevant to the proposed research     2. Qualifications relevant to the proposed research     3. Publications and other research outputs relevant to the study     4. Research Ethics Training done within the past three years | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1.4.1** | **Maximum number of students to participate in the project per semester / year** | **Students per semester for project** |  |
| **Students per year module for project** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.4.2 | List of Student Researchers if their details are available at the time of the application.  (If more than 15 students, a student list can be attached) | | | |
| **Name** | | **Title** | **Student no** | **Department** |
| **1** | |  |  |  |
| **2** | |  |  |  |
| **3** | |  |  |  |
| **4** | |  |  |  |
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| **1.4.3** | If the student information in 1.4.2 is not available at the time of the application provide a clear rationale below. A list of the student names must be submitted to the ERC once the students are allocated to the project in order to inform the ERC of the participating students in the project for each respective year. |
|  |  |

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| 1.5 | Title or provisional title of the research project submitted for class approval.  *10 - 16 words* | | | |
|  | | | | |
| 1.6 | Type of application (more than one option may apply)  *Place an ‘x’ in the box [provide details in the space allocated for comments if applicable]* | | | |
| 1.6.1 Research for degree purpose | | | |  |
| 1.6.2 Identify the qualification for the project (in the case of research for degree purpose) | | | | |
|  | | | | |
| 1.6.3 Collaborative research | |  | 1.6.4 Community Engaged Research (CER) |  |
| 1.6.5 Health or Health related research[[1]](#footnote-1)  (If you ticked “yes”, your application should be cleared by one of Unisa’s committees registered to the National Health Research Ethics Council – consult your supervisor or the secretariat of the ERC) | |  | 1.6.6 Other |  |
| 1.6.7 Identify the relevant research niche area(s) *(Unisa researchers and postgraduate students only)*   1. Knowledge generation and human capital development in response to the needs of South Africa and the African continent | | | |  |
| 1. The promotion of democracy, human rights and responsible citizenship | | | |  |
| 1. Innovation and capacity building in science and technology | | | |  |
| 1. Economic and environmental sustainability | | | |  |
| 1. ODL/ODeL | | | |  |
| Comments:  Justify why you deem this a CE research project OR collaborative research project OR identify the primary reason for conducting the research if you ticked “Other”. | | | | |

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

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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) or institutions 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** | **Identify the data sources that you plan to include in this study.** |
|  | |

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| --- | --- | --- | --- |
| **2.4** | **Indicate the anticipated duration of the research project for which the application should be valid.** | | |
| **Start Date** | |  |
| **End Date** | |  |

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| **2.5** | **Introduction, motivation and literature review**   1. Describe the context of the research for which the class approval is sought and give a concise description of the project the students need to undertake. 2. Indicate for which module and in which field the study will be undertaken. 3. Clearly indicate whether each student chooses their own project or if they all do the same project. Append the assignment brief and assessment guide. |
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| **2.6** | **Does your research involve any activity that could potentially place the researcher(s) and/or field workers at risk of harm from a Health and Safety perspective or any other risks? [if yes, provide details in the space allocated for comments][[2]](#footnote-2)** | **YES** | **NO** | |
| **Comments:** | | | | |
| **2.7** | **Indicate how the potential risks of harm will be mitigated by explaining the steps that will be taken to minimise the likelihood of the event occurring relating to a Health and Safety perspective or any other risks.** | **YES** | **NO** | **N/A** |
| **Comments:** | | | | |

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| **2.8** | **Specify clearly the methodology, techniques, handling of biohazardous material including information on storage and disposal, use of any biological agents, possible hazards, hazard mitigation control.** |
| **Comments:** | |

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| **2.8.1 Negligible risk** |  |
| **2.8.2 More than negligible risk** |  |

|  |  |
| --- | --- |
| **2.9** | **Briefly justify your choice/classification.** |
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| **2.10** | **Provide any additional information in the block below.** |
|  | |

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| **2.11** | **Describe how you will educate the students about the Unisa Research Ethics Policy and requirements.** |
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| SECTION 3 – CHECKLIST |

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| **Complete and submit the check list after completion of the application to ensure that all the requirements for class approval were met (Unisa Policy on Research Ethics)** |

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| --- | --- | --- |
| Item | Yes | Not applicable |
| Did you complete all sections in full?  [**Refer to the above-mentioned policies if you are uncertain of what is required** and refrain from using the term ‘not applicable’ in the form unless the item indeed does not apply to your study.] |  |  |
| Did you append all relevant supporting documents (check all aspects below)   * The module/course outline * Assignment descriptions/brief * Assessment guide/criteria |  |  |
| Did you **sign and date** the ethical compliance agreement, page 5-6. Submit a scanned copy of this page if you do not have an electronic signature. |  |  |
| Have any legal issues been dealt with satisfactory (e.g. intellectual property rights, copyright issues, authorship, etc.). |  |  |
| The application should be in one document and separate documents will not be accepted. |  |  |
| Did you provide evidence that permission has been obtained from students to use their research if you (lecturer) intends using the data for further research? |  |  |

**Appendix 1: STUDENT DECLARATION**

**[Module code]**

**TOPIC: [Project name]**

**Acknowledgement of Unisa Research Ethics policies and confirmation of adherence to Unisa Research Ethics requirements**

By signing below, I undertake to:

|  |  |
| --- | --- |
|  | **Agree**  Please check each of the following to indicate your agreement |
| Execute the research in a scientific and ethically responsible way |  |
| Not to use the research and information in a manner that is detrimental to the University of South Africa or to persons or institutions outside the university unless it can be scientifically-academically justified |  |

I confirm that:

|  |  |  |  |
| --- | --- | --- | --- |
| I am familiar with the University of South Africa’s Research Ethics policy and agree to adhere to it | | |  |
| I am familiar with the University of South Africa’s Academic Integrity Policy | | |  |
| I will cite all sources consulted in accordance to the reference guide provided | | |  |
| I have no conflict of interests that may jeopardise my ability to undertake the research in a scientific and ethical manner. | | |  |
| **Student**  **CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4. OF 2013**  1. I declare that all the information furnished by me on this form is true and correct and undertake to inform Unisa of any changes in my personal information.  2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments to it and I have taken note of advice which may be applicable to Unisa researchers, non-Unisa researchers and postgraduate supervisors.  3. I, as a postgraduate researcher, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required research ethics processes about my participation in Unisa research ethics activities, which may include, but is not limited to:  3.1 assessment of research ethics application;  3.2 internal administrative processing;  3.3 assessment of complaints and investigations of alleged violations of norms and standards for the ethical conduct of research; and  3.4 institutional and scholarly research.  4. I also consent that Unisa may share my personal information with other Universities of South Africa, third parties rendering database management facility on behalf of the university, the Department of Higher Education and Training, the National Health Research Ethics Council, Internal and External Auditors, and for the purpose of legislative requirements.  5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.  6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.  7. I confirm that I have read the notice and understand the contents thereof.  **Note:** The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at [www.unisa.ac.za](http://www.unisa.ac.za) | | |  |
| **Student number** |  | | |
| **Student name** |  | | |
| **Signature** |  | | |
| **Date** |  | | |
| **STUDY SUPERVISOR:** | | | | |
| 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 notifies the committee in writing if any changes to the research are proposed that may affect any of the study-related risks for the research participants such as methodology, sampling, questionnaire, interview schedule, etc. Subsequently, I approve the submission and recommend that approval is granted for the research~~.~~  (The student declaration must be completed and securely stored by the supervisor for possible audit purposes.) | | | | |
| **Name in capital letters:** | |  | | |
| **Signature:** | |  | | |
| **Date:** | |  | | |

1. Consult the Policy on Research Ethics for a definition of health research. [↑](#footnote-ref-1)
2. Some studies that do not involve human or animals could potentially pose a risk to researchers and/or fieldworkers, i.e. engineering studies or research conducted in laboratories. [↑](#footnote-ref-2)