**UNIVERSITY OF KWAZULU-NATAL**

**ETHICAL CLEARANCE APPLICATION FORM: March 2017**

**(HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE)**

**PLEASE NOTE THAT THE FORM MUST BE COMPLETED IN TYPED SCRIPT. HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED**

# SECTION 1: PERSONAL DETAILS

**1.1 Surname of Applicant :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 First names of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.3 Title (Ms/ Mr/ Mrs/ Dr/ Professor etc) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.4 Applicant’s gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 Applicant’s Race (African/

Coloured/Indian/White/Other) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.6 Student Number (where applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff Number (where applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7 School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.8 College : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.9 Campus : ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.10 Existing Qualifications : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.11 Proposed Qualification for Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In the case of research for degree purposes)

**2.** **Contact Details**

 Tel. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal address (in the case of

Students and external applicants) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. SUPERVISOR/ PROJECT LEADER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | TELEPHONE NO.  | EMAIL | **SCHOOL / INSTITUTION**  | QUALIFICATIONS |
| 3.1  |  |  |  |  |
| 3.2  |  |  |  |  |
| 3.3  |  |  |  |  |

### SECTION 2: PROJECT DESCRIPTION

Please do *not* provide your full research proposal here: what is required is a short project description of not more than two pages that gives, under the following headings, a brief overview spelling out the background to the study, the key questions to be addressed, the participants (or subjects) and research site, including a full description of the sample, and the research approach/ methods

* 1. **Project title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Location of the study** (*where will the study be conducted). Briefly describe the study setting (socioeconomic status; urban/rural).*

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**2.3 Objectives of and need for the study**

(Set out the major objectives and the theoretical approach of the research, indicating

 briefly, why you believe the study is needed.)

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**2.4 Questions to be answered in the research**

(Set out the critical questions which you intend to answer by undertaking this research.)

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**2.5 Research approach/ methods**

 (This section should explain how you will go about answering the critical questions which you have identified under 2.4 above. Set out the approach within which you will work, and indicate in step-by-step point form the methods you will use in this research in order to answer the critical questions – including sample description, sampling strategies, data collection methods, and data reduction strategies. **A concise literature review is required (no more than 800 words).**

***For a study that involves surveys, please append a provisional copy of the questionnaire to be used. The questionnaire should show how informed consent is to be achieved, as well as indicate to respondents that they may withdraw their participation at any time, should they so wish.***

**2.6 Proposed work plan**

 Set out your intended plan of work for the research, indicating important target dates necessary to meet your proposed deadline.

|  |  |
| --- | --- |
| **STEPS** | **DATES** |
|  |  |

**SECTION 3: ETHICAL ISSUES**

The UKZN Research Ethics Policy applies to all members of staff, graduate and undergraduate students who are involved in research on or off the campuses of University of KwaZulu-Natal. In addition, any person not affiliated with UKZN who wishes to conduct research with UKZN students and / or staff is bound by the same ethics framework. Each member of the University community is responsible for implementing this Policy in relation to scholarly work with which she or he is associated and to avoid any activity which might be considered to be in violation of this Policy.

All students and members of staff must familiarise themselves with, AND sign an undertaking to comply with, the University’s “Code of Conduct for Research”.

**QUESTION 3.1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your study cover research involving:**  | **YES** | **NO** | **MAYBE / UNKNOWN** |
| Children |  |  |  |
| Persons who are intellectually or mentally impaired |  |  |  |
| Persons who have experienced traumatic or stressful life circumstances |  |  |  |
| Persons who are HIV positive |  |  |  |
| Persons highly dependent on medical care |  |  |  |
| Persons in dependent or unequal relationships |  |  |  |
| Persons in captivity |  |  |  |
| Persons living in particularly vulnerable life circumstances |  |  |  |

If “Yes”, indicate what measures you will take to protect the autonomy of respondents and (where indicated) to prevent social stigmatisation and/or secondary victimisation of respondents. If you are unsure about any of these concepts, please consult your supervisor/ project leader.

**QUESTION 3.2**

|  |  |  |
| --- | --- | --- |
| **Will data collection involve any of the following:** | **YES** | **NO** |
| Access to confidential information without prior consent of participants |  |  |
| Participants being required to commit an act which might diminish self-respect or cause them to experience shame, embarrassment, or regret |  |  |
| Participants being exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects |  |  |
| The use of stimuli, tasks or procedures which may be experienced as stressful, noxious, or unpleasant |  |  |
| Any form of deception |  |  |

If “Yes”, explain and justify. If appropriate, indicate what steps will be taken to minimise any potential stress/harm.

**QUESTION 3.3**

|  |  |  |
| --- | --- | --- |
| **Will any of the following instruments be used for purposes of data collection:** | **YES** | **NO** |
| Questionnaire |  |  |
| Survey schedule |  |  |
| Interview schedule |  |  |
| Psychometric test |  |  |
| Other/ equivalent assessment instrument |  |  |

If “Yes”, attach copy of research instrument. If data collection involves the use of a psychometric test or equivalent assessment instrument, you are required to provide evidence here that the measure is likely to provide a valid, reliable, and unbiased estimate of the construct being measured. If data collection involves interviews and/or focus groups, please provide a list of the topics to be covered/ kinds of questions to be asked.

**QUESTION 3.4**

|  |  |  |
| --- | --- | --- |
| **Will the autonomy of participants be protected through the use of an informed consent form, which specifies (in language that respondents will understand):** | **YES** | **NO** |
| The nature and purpose/s of the research |  |  |
| The identity and institutional association of the researcher and supervisor/project leader and their contact details |  |  |
| The fact that participation is voluntary  |  |  |
| That responses will be treated in a confidential manner |  |  |
| Any limits on confidentiality which may apply |  |  |
| That anonymity will be ensured where appropriate (e.g. coded/ disguised names of participants/ respondents/ institutions) |  |  |
| The fact that participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves |  |  |
| The nature and limits of any benefits participants may receive as a result of their participation in the research |  |  |
| Is a copy of the informed consent form attached? |  |  |

If NO to any of the above: (a) please justify/explain, and (b) indicate what measures will be adopted to ensure that the respondents fully understand the nature of the research and the consent that they are giving.

**QUESTION 3.5**

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| **Specify what efforts have been made or will be made to obtain informed permission for the research from appropriate authorities and gate-keepers?** |
|  |

**QUESTION 3.6**

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| **STORAGE AND DISPOSAL OF RESEARCH DATA:****Please note that the research data should be kept for a minimum period of at least five years in a secure location by arrangement with your supervisor.** |
| **How will the research data be secured and stored? When and how (if at all) will data be disposed of?**  |

**QUESTION 3.7**

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| **In the subsequent dissemination of your research findings – in the form of the finished thesis, oral presentations, publication etc. – how will anonymity/ confidentiality be protected?****How will you give feedback to your research participants?** |

**QUESTION 3.8**

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| --- | --- | --- |
| **Is this research supported by funding that is likely to inform or impact in any way on the design, outcome and dissemination of the research?** | **YES** | **NO** |

**If yes, this needs to be explained and justified.**

**QUESTION 3.9**

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| **Has any organization/company participating in the research or funding the project, imposed any conditions to the research? YES/NO**  |

|  |
| --- |
| **If yes, please indicate what the conditions are.** |

**QUESTION 3.10**

**Do you, or any individual associated with or responsible for the design of the research, have any personal, economic, or financial interests (or any other potential conflict of interests) that could reasonably be regarded as relevant to this research project?**

 **YES/NO**

**If you answered YES to Question 3.10 please provide full details:**

**CHECK SHEET FOR APPLICATION**

 **PLEASE TICK**

|  |  |
| --- | --- |
| 1. Form has been fully completed and all questions have been answered  |  |
| 2. Questionnaire attached (where applicable) |  |
| 3. Informed consent document attached (where applicable) |  |
| 4. Approval from relevant authorities obtained (and attached) where research involves the utilisation of space, data and/or facilities at other institutions/organisations |  |
| 5. Signature of Supervisor / project leader  |  |
| 6. Application forwarded to School Research Committee for recommendation and transmission to the Research Office  |  |

 **SECTION 4: FORMALISATION OF THE APPLICATION**

**APPLICANT**

|  |
| --- |
| I have familiarised myself with the University’s Code of Conduct for Research and undertake to comply with it. The information supplied above is correct to the best of my knowledge. |
| **NB: PLEASE ENSURE THAT THE ATTACHED CHECK SHEET IS COMPLETED**  |
| **DATE: …………………………… SIGNATURE OF APPLICANT ……………………………………..**  |

**SUPERVISOR/PROJECT LEADER/DISCIPLINE ACADEMIC LEADER**

|  |
| --- |
| **NB: PLEASE ENSURE THAT THE APPLICANT HAS COMPLETED THE ATTACHED CHECK SHEET AND THAT THE FORM IS FORWARDED TO YOUR SCHOOL RESEARCH COMMITTEE FOR FURTHER ATTENTION** |
| **DATE: ……………………………………..****SIGNATURE OF SUPERVISOR/ PROJECT LEADER/DISCIPLINE LEADER** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **RECOMMENDATION OF SCHOOL RESEARCH ETHICS COMMITTEE/HIGHER DEGREES COMMITTEE** |
| The application is (please tick):

|  |  |
| --- | --- |
|  | Recommended and referred to the Human and Social Sciences Ethics Committee for further consideration  |
|  | Not Approved, referred back for revision and resubmission  |
|  | Other: please specify: |

**NAME OF CHAIRPERSON:** **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE ………………………………………** |

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| **RECOMMENDATION OF UNIVERSITY RESEARCH ETHICS COMMITTEE (HUMAN AND SOCIAL SCIENCES)** |
| **NAME OF CHAIRPERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE...………………………………………** |