APPLICATION FOR RESEARCH ETHICS CLEARANCE

- Type in the required information.
- Complete only form A Part I and Part II for experimental research.
- Complete only form B Part I and Part II for research using human participants (non-experimental research).
- Complete relevant sections of Part III and Part IV for form A and for form B.

FORM A – PART I

PROJECT TITLE:...........................................................................................................

PROJECT LEADER/SUPERVISOR:.................................................................

DECLARATION

I, the signatory, hereby apply for approval to execute the experiments described in the attached research proposal and declare that:

1. I am fully aware of the guidelines and regulations for ethical research and that I will abide by these guidelines and regulations as set out in documents (available from the Secretary of the Ethics Committee); and

2. I undertake to provide every person who participates in this research project with the relevant information in Part III. Every participant will be requested to sign Part IV.

Name of Researcher:..................................................................................

Signature:........................................

Date:........................................

For Official use by the Ethics Committee:

Approved/Not approved
Remarks:...........................................................................................................
.........................................................................................................................
.........................................................................................................................

Signature of Chairperson:...........................................................

Date:..........................................................
FORM A - PART II

PROJECT TITLE:............................................................................................................................................

(it is compulsory for the researcher to complete this field before submission to the ethics committee)

PROJECT LEADER/SUPERVISOR....................................................................................................................... 

(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

Protocol for the execution of experimental research

1. Department:.............................................................................................................................................

2. Title of project:............................................................................................................................................

3. Full name, surname and qualifications of project leader:
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4. List the name(s) of all persons (Researchers and Technical Staff) involved with the project and identify their role(s) in the conduct of the experiment:

   Name:  Qualifications:  Responsible for:

5. Name and address of principal researcher: ............................................................................................
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6. Procedures to be followed:.........................................................................................................................

7. Nature of discomfort:.................................................................................................................................

8. Description of the advantages that may be expected from the results of the study:
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Signature of Project Leader/Supervisor:........................................................................................................

Date:......................
FORM B – PART I

PROJECT TITLE: ............................................................................................................

PROJECT LEADER/SUPERVISOR: ...................................................................................

DECLARATION

I, the signatory, hereby apply for approval to conduct research described in the attached research proposal and declare that:

1. I am fully aware of the guidelines and regulations for ethical research and that I will abide by these guidelines and regulations as set out in documents (available from the Secretary of the Ethics Committee); and

2. I undertake to provide every person who participates in this research project with the relevant information in Part III. Every participant will be requested to sign Part IV.

Name of Researcher: ...........................................................................................................

Signature: ..................................................

Date: ..................................................

For Official use by the Ethics Committee:

Approved/Not approved
Remarks: ..........................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

Signature of Chairperson: .................................................................

Date: ...........................................
TURFLOOP RESEARCH ETHICS COMMITTEE

FORM B - PART II

PROJECT TITLE: ........................................................................................................
(it is compulsory for the researcher to complete this field before submission to the ethics committee)

PROJECT LEADER/SUPERVISOR: ........................................................................
(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

Protocol for conducting research using human participants

1. Department: .................................................................................................

2. Title of project: ............................................................................................

3. Full name, surname and qualifications of project leader:
.................................................................................................
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4. List the name(s) of all persons (Researchers and Technical Staff) involved with the project and identify their role(s) in the conduct of the experiment:

   Name: Qualifications: Responsible for:

5. Name and address of principal researcher: .....................................................
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6. Procedures to be followed: ............................................................................

7. Nature of discomfort: ..................................................................................

8. Description of the advantages that may be expected from the results of the study:
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Signature of Project Leader/Supervisor: ..............................................................

Date: ........................
PART II

INFORMATION FOR PARTICIPANTS

PROJECT TITLE: ..........................................................................................................................
(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

PROJECT LEADER/SUPERVISOR: .................................................................
(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

1. You are invited to participate in the following research project:
..........................................................................................................................
(it is compulsory for the researcher to complete this field before submission to the ethics committee)

2. Participation in the project is completely voluntary and you are free to withdraw from the project (without providing any reasons) at any time.

3. It is possible that you might not personally experience any advantages during the project, although the knowledge that may be accumulated through the project might prove advantageous to others.

4. You are encouraged to ask any questions that you might have in connection with this project at any stage. The project leader and her/his staff will gladly answer your question. They will also discuss the project in detail with you.

5. The nature of the specific project, the alleged risk-factors, factors that might possibly cause discomfort, the expected advantages and the known and/or likely side-effects should be explained under this item.
(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

6. Should you at any stage feel unhappy, uncomfortable or is concerned about the research, please contact Ms Noko Shai-Ragoboya at the University of Limpopo, Private Bag X1106, Sovenga, 0727, tel: 015 268 2401.
PART IV

CONSENT FORM

PROJECT TITLE:........................................................................................................................................

(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

PROJECT LEADER/SUPERVISOR:...........................................................................................................

(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

I, ..............................................................................................................................................................
hereby voluntarily consent to participate in the following project:

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(it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

I realise that:

1. The study deals with ............................................................................................................................
   (eg. effect of certain medication on the human body) (it is compulsory for the researcher to complete this field before submission to the Ethics Committee)

2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage.

3. The Ethics Committee has approved that individuals may be approached to participate in the study.

4. The research project, ie. the extent, aims and methods of the research, has been explained to me.

5. The project sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage.

6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.

7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.

8. Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.
9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research team or Ms Noko Shai-Ragoboya.

10. Participation in this research is voluntary and I can withdraw my participation at any stage.

11. If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

12. I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF RESEARCHED PERSON

SIGNATURE OF WITNESS

SIGNATURE OF PERSON THAT INFORMED THE RESEARCHED PERSON

SIGNATURE OF PARENT/GUARDIAN

Signed at__________________________ this ____ day of ____________________ 20___