



**UNIVERSITY OF LIMPOPO
APPLICATION FOR REGISTRATION OF A RESEARCH PROJECT**

A. PARTICULARS OF APPLICANT/CHIEF RESEARCHER

First name:..... Surname:..... Title:.....
 Department:..... Tel:
 School:..... Faculty.....

B. DETAILS OF RESEARCH PROJECT

(Mark appropriate block(s) with 'X' / provide details)

1.1 New Project or Continuation of Project

1.2 Independent Research or Contract Research

1.3 Date of commencement Expected duration (years).....

1.4 Estimated expenditure*:
 Year 1: Consumables R..... Non-Consumables R.....
 Year 2: Consumables R..... Non-Consumables R.....
 Year 3: Consumables R..... Non-Consumables R.....

* Detailed budget to be completed on RES 2 and attached to the application

1.5 Degree (specify):

1.6 At which University is the degree registered:

1.7 Title of Project:

1.8 Co-researchers (other researchers working on the project)

Name	Department/Institution	Signature

1.9 Research Coordinator

Name	Department/Institution	Signature

1.10 Hospital Superintendent/Health Care Manager

Name	Department/Institution	Signature

1.11 Other involved Departmental Heads

Name	Department/Institution	Signature

C. SPECIAL REQUIREMENTS

Will the research involve the following:

	Yes	No		Yes	No
Experimental Animals			Approval from Animal Ethics Committee attached (separate application form required)		
Special Apparatus			Is it available at UL?		
Special Drugs (Medication)			Explanation of who will supply the drugs attached		
Radio Isotopes			Is it available at UL?		
Special Laboratory Facilities			Is it available at UL? If no, attach a statement of requirements		
Electron Microscopy			Is it available at UL?		
Health Care Services			Approval from the Health Care Manager		
Statistical Analysis			Approval from the Statistician		

D. ETHICAL ISSUES

1. Screening by TREC

Indicate whether the proposed research entails the use of one of the following:

Animals		Humans		Biogenetic procedures	
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Mark appropriate Block with 'X'

2. Indemnity

If a hospital (human, dental or veterinary) will be involved, please attach the approval from the Superintendent.

Should the use of the service laboratories be required, please attach the approval from the hospital management.

3. Consent

Will patients/human volunteers form part of the experiment/trial/survey? If so, kindly complete the consent form.

E. BUDGET

Mark appropriate Block with 'X'

Who will finance this project?

UL		Department of Health		Self		Other (Specify)	
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Please indicate the institution where application has been made for financial support or where it is intended to apply for financial support.

MRC		NRF		CSD		Other (Specify)	
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NB: Approval of the research project does NOT imply that the requested funds will be made available to the applicant.

G. DESCRIPTION OF RESEARCH TO BE PERFORMED

Appended to this form, please include:

- A detailed description of the research to be undertaken.
- Budget details, using RES 2 Form.

How does this project relate to the overall research focus of the School/Faculty/University/Community?

I. DECLARATION BY RESEARCHER(S)

I/we fully understand the conditions under which I am/we are authorised to carry out the above-mentioned research. I/we guarantee to ensure compliance with these approved conditions. Furthermore, I/we undertake **not to change the procedure as detailed in the research proposal but will submit a further application to the Senate Research and Ethics Committee if changes become necessary.**

SIGNATURE: _____

DATE: _____

APPLICANT/CHIEF RESEARCHER:

SIGNATURE: _____

DATE: _____

HEAD OF DEPARTMENT

For Administrative Use					
	Name	Signature	Approved	Not Approved	Date
Chairperson: School Research Committee					
Director of School					
Executive Dean					
Chairperson: TREC					