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| corporate logo copy | **INTER-FACULTY HUMAN RESEARCH ETHICS COMMITTEE APPLICATION (IFHREC) FORM***This form is to be used for applications to the University of Fort Hare IFHREC for ethics review of research projects. IFHREC reviews, approves, and monitors research projects involving non-human materials, the environment, secondary data analysis, or desktop research. IFHREC also reviews research that involves humans but is not health or medical research. Examples of research that is not health/medical research but involves humans include research that makes use of questionnaires, interview schedules, ethnography, etc. The UFH Health Research Ethics Committee is responsible for reviewing and monitoring health/medical research.* *IFHREC does not review, approve nor monitor research that involves biohazardous materials that include genetically modified organisms (GMOs), release of GMOs into the environment, recombinant DNA (rDNA), RNA derived from rDNA, human pathogens requiring biosafety level (BSL) 2 labs or higher BSL and radioactive materials. Such research proposals shall be referred to an accredited Biosafety Committee.*  |

**THIS FORM MUST BE COMPLETED IN TYPED SCRIPT. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.**

The University of Fort Hare Research Ethics Policy applies to all members of staff, graduate and undergraduate students who are involved in research on or off the campuses of the University of Fort Hare. In addition, any person not affiliated with UFH who wishes to conduct research with UFH students and / or staff is bound by the same ethics framework.

**STUDENTS PLEASE NOTE:**

**This application for review of research ethics should only be submitted if your research proposal/project has been approved by the relevant authority e.g. Faculty Research and Higher Degrees Committee**

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| **Has the proposal been approved by FRHDC/SRHDC?** |
| **Yes** |  | **If Yes, indicate date presented:** |
| **No** |  | **If No, send back to faculty** |

**THIS FORM MUST BE COMPLETED IN TYPED SCRIPT. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.**

**GUIDELINES FOR THE COMPLETION OF THE ETHICS APPLICATION FORM:**

1. **ALL APPLICANTS** must complete **Sections A and D** (including the Checklist, D.3).
2. Applicants planning to carry out research which involves **HUMAN** subjects (e.g. interviews) must

*also* complete **Section B**.

1. Applicants who are planning to carry out research involving the **ENVIRONMENT** (including water, air, or soil) or **PLANTS** or **CHEMICALS** must *also* complete **Section C**.

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| **SECTION A: GENERAL** |
| Is this an extension/further phase of a protocol previouslyapproved by the University Research Ethics Committee? | **YES** |  | **NO** |  |
| If **YES**, please **PROVIDE** approval number and date: |
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| **APPLICANT (either a staff member or student at the University of Fort Hare):** |
| Title: / Mr |  | / Ms |  | / Mrs |  | / Dr |  | / Prof |  | / Rev |  | / Mx |  |
| Applicant’s full name: |  |
| Staff number/student number: |  |
| Highest qualification obtained: |  |
| University faculty and department: |  |
| Postal address: |  |
| Office phone: |  |
| Mobile number: |  |
| Fax number: |  |
| Email address: |  |
| Full title of research project: (Please **DO NOT** use abbreviations or acronyms) |
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| **PURPOSE OF THE RESEARCH:** |
| Purpose of the research (tick relevant option): | Non-degree purposes |  |
| Independent project |  |
| Diploma |  |
| Degree purposes |  |
| State full name of degree/diploma: |  |
| Name the institution where student is registered: |  |
| **FUNDING OF THE RESEARCH:** |
| Is the research funded? | **YES** |  | **NO** |  |
| If Yes, | Indicate the source: | **Contract** |  | **Grant** |  | **Other** |  |
| *If Other, explain:* |
| Name of funder: |  |
| Value of contract in ZAR: |  |
| Date of contract signature: |  |
| Is this funding likely to inform or impact in any way on the design, outcome and dissemination of the research? | **YES** |  | **NO** |  |
| *If Yes, explain and justify:* |
| **CONDITIONS AND CONFLICTS OF INTEREST:** |
| Has any organisation/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:* |
| 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 beregarded as relevant to this research project? | **YES** |  | **NO** |  |
| *If Yes, please provide full details:* |
| **SUPERVISOR/ PRINCIPAL INVESTIGATOR/CO-INVESTIGATOR DETAILS** |
| **NAME** | **TELEPHONE NO.** | **EMAIL** | **SCHOOL / INSTITUTION** | **QUALIFICATIONS** |
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| **NON-TECHNICAL SUMMARY OF THE RESEARCH**Please **explain briefly, in non-technical terms**, the rationale for the research, its primary aims & objectives, the selected methodology, and nature of data analysis (Max 400 words). |
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| **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**
2. **Location of the study** (where will the study be conducted). Briefly describe the study setting (socioeconomic status; urban/rural).
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.)
4. **Questions to be answered in the research** (Set out the critical questions which you intend to answer by undertaking this research).
5. **Research approach/ methods**

This section should explain how you will go about answering the critical questions which you have identified under point 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 200 words).**1. **Proposed work plan** (Set out your intended plan of work for the research, indicating important target dates necessary to meet your proposed deadline.)
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| **SECTION B: HUMAN RESEARCH** |
| **B.1 NATURE AND REQUIREMENTS OF THE RESEARCH** |
| B.1.1 How should this research be characterised? (Please **TICK ALL** appropriate boxes.) | Yes | No |
| B.1.1.1 Personal and social information to be collected directly from participants |  |  |
| B.1.1.2 Participants to undergo psychometric testing |  |  |
| B.1.1.3 Participants to undergo learner achievement tests |  |  |
| B.1.1.4 Identifiable information to be collected about people from available records |  |  |
| B.1.1.5 Anonymous information to be collected from available records |  |  |
| B.1.1.6 Literature, documents or archival material to be collected on individuals/groups |  |  |
| B.1.1.7 Research involves human physical/biological examination or specimens |  |  |
| B.1.1.8 Informants to be giving information on identifiable third parties |  |  |
| B.1.1.9 Study of documents in the public domain |  |  |
| B.1.1.10 Study of sensitive archival documents not in the public domain |  |  |
| B.1.1.11 Other (Describe: ) |  |  |
| B.1.2 Participant Information Sheet attached (For written and verbal consent.) |  |  |
| B.1.3 Participant Informed Consent Form attached |  |  |
| * Written consent form
 |  |  |
| * Verbal consent
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| If informed consent is not necessary, **STATE** why not : |
| B.1.4 Any questionnaire, interview schedule, observation or focus group schedule or framework for ethnographic study to be used in the research must be attached. Is it attached? | Yes | No |
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| **B.2 SUNDRY ETHICAL ISSUES** |
| **B.2.1** |
| **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 |  |  |  |

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| Persons living in particularly vulnerable life circumstances |  |  |  |
| *If Yes to any of the above, 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.) |
| **B.2.2** |
| **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? |  |  |
| **B.2.3** |
| **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 to any of the above, 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.* |
| **B.2.4** |
| **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 |  |  |

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| 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 timewithout 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:* |
| **B.2.5** |
| Specify what efforts have been made or will be made to obtain informed permission for the research from appropriate authorities and gate-keepers? |
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| **B.2.6** |
| **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. They must also be disposed of in a fashion that safeguards participant’s confidentiality and privacy. |
| How will the research data be secured and stored? | When and how (if at all) will the data be disposed of? |
| **B.2.7** |
| **DISSEMINATION OF YOUR RESEARCH FINDINGS:**Consider the subsequent dissemination of your research findings – in the form of the finished thesis, oral presentations, publication etc. |
| How will you give feedback to your research participants? | How will dissemination and feedback beconducted in such a way as to protect participants’ anonymity/confidentiality? |

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| **SECTION C: ENVIRONMENTAL AND PLANT RESEARCH** |
| In answering this section, ensure that you carefully read the description provided under each point to determine the type of information required. Consider each section and how it applies to your study, and then provide as much details as possible. It is unacceptable to mark N/A just to save time. Scientific referenced documentation that support methods, procedures etc must be included.All researchers conducting research involving the environment or that might possibly affect the environment must fill in Section C.1, whereas Sections C.2 and C.3 depend on the specific nature of the research. |

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| **SECTION C.1: ENVIRONMENTAL RESEARCH** (*includes all plant, soil, water and laboratory research that may have environmental implications*). *IFHREC does not review, approve nor monitor research that involves biohazardous materials that include genetically modified organisms (GMOs), release of GMOs into the environment, recombinant DNA (rDNA), RNA derived from rDNA, human pathogens requiring biosafety level (BSL) 2 labs or higher BSL and radioactive materials. Such research proposals shall be referred to an accredited Biosafety Committee.* |
| **Does the research involve any of the following? Please tick ‘Yes’ or ‘No’.** | **Yes** | **No** |
| **C.1.1** | Species of Conservation Concern(This includes plant, bacteria species that are rare, protected, threatened or of ecological, economic or cultural importance)**If tick ‘Yes’, please fill in Section C.2 and C.3** |  |  |
| **C.1.2** | Introduction, release or relocation of any biological material of a type not already present or common in the area**If tick ‘Yes’, please fill in Section C.2** |  |  |
| **C.1.3** | Introduction or release of genetically modified material?**If tick ‘Yes’, please fill in Section C.2** |  |  |
| **C.1.4** | Use of Threatened Ecosystems or Critical Biodiversity Areas(This includes habitats that are rare, protected, threatened, ecologically, economically or culturally important) |  |  |
| **C.1.5** | Destruction and/or intrusion in space and/or time of the populations and habitats affected, and ecological and geophysical processes applying in the area of the following nature: | **C.1.5.1** Deliberate damage |  |  |
| **C.1.5.2** Sampling of plants(**If tick ‘Yes’, please fill in Section C.2)** |  |  |
| **C.1.5.3** Intrusive techniques |  |  |
| Note: Deliberate damage could be the removal of soils, rocks etc. Sampling of plants refers to the removal of parts of or the entire plant. Intrusive techniques could be experimentation in the field and could include the addition of substances like pesticides/insecticides, etc). |
| **C.1.6** | Use of toxic/radioactive/cumulative/persistent chemicals.(This includes the use of these in the lab or *in situ* in the field)**If tick ‘Yes’, please fill in Section C.2** |  |  |
| **C.1.7** | Use of protected area(s) |  |  |
| **C.1.8** | Use of laboratory procedures where disposal of chemicals needs to be appropriate.(This also refers to synthetic chemical use with no initial environmental concern but wheredisposal needs to be done properly to reduce environmental degradation or contamination) |  |  |

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|  | **If tick ‘Yes’, please fill in Section C.2** |  |  |
| **Please elaborate on the risks and mitigation actions associated with the research.** |
| **C.1.9** | Provide details of the type of risks that the researcher can identify, what the extent of the risks may be and any other detail regarding the risks that may result from the study. |
| **C.1.10** | Provide detail of the *impact* of the research on species, habitats, environment etc.(This includes a detailed description of how the sampling or experiment will impact the plant population, soil, geology or water and ultimately the general environment) |
| **C.1.11** | Provide details of possible non-reversible risk impacts that might occur during the course of the study? |
| **C.1.12** | Provide detail of alternative procedures that can be implemented to minimize the non- reversible risk listed in C.1.11? |  |
| **C.1.13** | Provide details of the disposal of research equipment, samples and chemicals.(This refers to the disposal of all resulting by-products of the research and where possible provide the standard operating procedures for the lab or research field) |
| **C.1.14** | Provide detail of remedial or mitigating actions to be taken in light of the activities, impacts and risks mentioned above. |

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| **SECTION C.2: LABORATORY PROCEDURES*****To be completed if you answered Yes to any of the questions C.1.1, C.1.2, C.1.3, C.1.5, C.1.6 or C.1.8, otherwise leave blank.*** |
| **C.2.1** | Which laboratory or research institution will conduct the experiments or procedures required for the research? Please specify in full detail, location, address and full name of the laboratory or research institution. |
| **C.2.2** | Is permission needed for the use of the laboratory or research institution? |

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| **C.2.3** | If permission is needed, has permission been granted to use the facility?(Please provide evidence of permission, e.g. by way of appending relevant documents to this application) |  |
| **C.2.4** In the table below, list the details of persons responsible for chemical handling, administration and disposal: |
|  | **Name** | **Qualification** | **Contact number** | **Emergency****contact number** | **Contact e-mail****address** |  |
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| **C.2.5** | Is training required to use the instruments or equipment? If yes, please provide evidence of the requisite training. |

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| Yes | No |
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| **Species** | **Place an X if species is:** | **Number required** |
| **Indigenous** | **Species of Conservation Concern\*** | **Exotic (incl****problem plants)** |
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| **SECTION C.3: PLANT RESEARCH*****To be completed if you answered Yes to question C.1.1, C.1.2, C.1.3 or C.1.5.2; otherwise leave blank.******Note to the applicant:* Provide evidence or confirmation that permission from the required Environmental agency has been received to use plants or move plants from the selected site for research purposes. This evidence should be in the form of a permit, letter, approval or permission of which a copy should be appended to this application.** |
| **C.3.1 Provide a full description of plants to be used in the research project****(Please add rows if needed. Note - the numbers in the ‘Number required’ column should correspond to, or be less than, the numbers requested in the permits to the relevant authorities.)**\*Refer *inter alia* to the SANBI Red List. Also note that “Species of Conservation Concern” is applicable to indigenous species only, and not exotic species. |
| **C.3.2 Origin/Source of plants** |

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| Indicate if special permission or CITES documents are necessary for the use of the plants to be used in your study.If so, attach required documentation as proof of the approval or permission that has been obtained. Also address in detail where the plants will be sourced if used in laboratory analysis, are the plants indigenous in nature, will the plants be sourced from a protected area etc. |
| **C.3.3 Provide details of person(s) responsible for taking care of the plants and experimental procedures****Name Qualification Contact number Emergency Contact e-mail****contact number address**(Add rows if necessary) |
| **C.3.4 Experimental procedures****(*Note to the applicant:* Make sure that you have addressed the following)** |
| **C.3.4.1** Number of plants in experimental and in control groups.. |
| **C.3.4.2** Samples to be collected (type, site and volume). |
| **C.3.4.3** Who will be collecting the samples? |
| **C.3.4.4** How will the environment be addressed during and after sampling? |
| **C.3.4.5** Describe the conditions under which the plant samples will be housed. |
| **C.3.5 Plant protection chemical (pesticide, fungicide, bactericide or herbicide) usage to be explained if applicable.**(Provide as much detail as possible where plant protection chemicals are concerned by addressing the following: Indicate type, route, frequency of application and dosage of the various chemicals used, duration of use and any known adverse effects to the environment and/or people handling the chemicals) |

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| Yes | No |
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| **SECTION D: FORMALISATION** |
| **D.1 APPLICANT DECLARATION / SIGNATURE** |
| I confirm that the research proposal submitted with this application has been approved by my Faculty (or relevant authority).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 CHECKLIST BELOW IS COMPLETED** |
| **FULL NAME OF APPLICANT:****SIGNATURE OF APPLICANT: DATE:** |
| **D.2 SUPERVISOR*****Note: in signing this form, the supervisor is affirming that she/he has guided the supervisee in******respect of the possible ethical implications of the supervisee’s research project, and has also read through and checked the filled-in form.*** |
| **NB: PLEASE ENSURE THAT THE APPLICANT HAS COMPLETED THE CHECKLIST** |
| **FULL NAME OF SUPERVISOR:****SIGNATURE OF SUPERVISOR: DATE:** |
| **D.3 CHECKLIST (TO BE COMPLETED BY THE APPLICANT)** |
| **PLEASE TICK** | **Yes** | **No** |
| *1.* The research proposal / protocol has been approved by the Faculty Research andHigher Degrees Committee or relevant authority |  |  |
| *2.* Form has been fully completed and all questions have been answered |  |  |

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| *3.* Full proposal attached |  |  |
| *4.* Questionnaire attached (where applicable) |  |  |
| *5.* Informed consent document attached (where applicable) |  |  |
| *6.* Approval from relevant authorities obtained (and attached) where researchinvolves the utilisation of space, data and/or facilities at other institutions/organisations |  |  |
| *7.* Signature of applicant |  |  |
| *8.* Signature of supervisor |  |  |

The application is (please tick):

**NAME OF CHAIRPERSON:**

**SIGNATURE:**

**DATE:**

**DECISION/ RECOMMENDATION OF INTER-FACULTY RESEACH ETHICS COMMITTEE (IFREC)**

The application is (please tick):

**NAME OF CHAIRPERSON:**

**SIGNATURE:**

**DATE:**

**DECISION OF UNIVERSITY RESEARCH ETHICS COMMITTEE**

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|  | Ethical Clearance Granted |
|  | Ethical Clearance Granted subject to the following minor amendments: |
|  | Ethical Clearance Not Granted referred back for major amendments |
|  | Referred to the Universities Research Ethics Committee |
|  | Other: please specify: |
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|  | Ethical Clearance Granted |
|  | Ethical Clearance Granted subject to the following minor amendments: |
|  | Ethical Clearance Not Granted referred back for major amendments |
|  | Referred to the Universities Research Ethics Committee for consideration |
|  | Other: please specify: |