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| **Project Title** |  |
|  |
| **Principal Researcher(s)** |  |  |
| **Student/Staff** | **Student number:**  | **Staff number:**  |
| **Email Address** |  | **Contact Number**:  |
| **Supervisor and Co-supervisor** |  |  |
| **Department** |  |
| **Faculty**  |  |
| **Mark with a cross where applicable** |
| **Nature of Project** | Honours/4th Year |  | Master’sMini-dissertation  |  | Master’sFull dissertation | X | Doctoraldissertation |  | Departmental Projects  |  |
|  |
| **Research involves** | Human Health |  | Animals |  | Human Health and Animals |  | Data collection from people |  |
| Children (Non-therapeutic research) |  | Children (Therapeutic research) |  | Other vulnerable persons |  | Special health and safety considerations |  | Community engagement research  |  |
| Field work research  |  | Laboratory research |  | Experimental research  |  | Historical research  |  | Desktop research  |  |
| Environmental hazards/ pollution |  | Interference with nature |  | Intellectual Property (IP) |  | Equipoise /Conflict of interests (researcher, funder or participants) |  | Social value/ Benefits from this research  |  |
|  |
| **Risk Classification** | Low Risk  |  | Medium Risk |  | High Risk  |  | Other |  |
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| **Documents submitted for ethical clearance consideration** | Project proposal | X | Participant Informed Consent (PIC) |  |
| Survey Instrument/Questionnaire (SI/Q) |  | Translation of PIC (if appropriate) |  |
| Translation of SI/Q (if appropriate) |  | Guardian Informed Consent (GIC) |  |
| Interview Schedule (IS) |  | Translation of GIC (if appropriate) |  |
| Translation of IS (if appropriate) |  | Letter requesting access to sites/ information/ participants |  |
| Observation Schedule |  | Letter granting access approval |  |
| Research instrument permission |  | Other documentation: |  |
| Copyright permission |  |  |  |
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| **Faculty REC comments, e.g.:*** Reasons for recommendation to the UZREC
* Why/how the benefits outweigh the risks associated with the research
* Special conditions to be attached to the approval
 | TO BE COMPLETED BY FREC |
| **Faculty REC Chairperson’s Signature** |  | **Date**  |
| **Print Name** |  |