



ETHICS COMMITTEE APPLICATION FORM
Human Sciences Research Council (HSRC), South Africa

APPLICATION TO THE HSRC RESEARCH ETHICS COMMITTEE
 FOR CLEARANCE OF NEW/REVISED RESEARCH PROJECTS

CLEARANCE NUMBER (for office use only): _____

THIS APPLICATION MUST BE TYPED (IN ARIAL 10) OR HANDWRITTEN IN CAPITALS

NAME: Prof. / Dr / Mr / Ms

POSITION (IN HSRC)/PROFESSIONAL STATUS:

AFFILIATION: RESEARCH PROGRAMME/INSTITUTION²:

If not HSRC: Postal address:

TELEPHONE AND EXTENSION NO. Code:
No.

FAX NO. Code:
No.

E-MAIL ADDRESS:

TITLE OF RESEARCH PROJECT: (Do not use abbreviations)

WHERE WILL THE RESEARCH BE CARRIED OUT? (Please furnish name of HSRC research programme or name of institution and particular department/section)

All the following sections must be completed². Please tick all relevant boxes.

1. FUNDING OF THE RESEARCH: How will the research be funded?
Contract / grant / self / other (state which)

2. PURPOSE OF THE RESEARCH:
Degree/diploma (state which)
Not for degree purposes
Institution:

3. AIMS AND OBJECTIVES OF THE RESEARCH (Please list objectives):

1. Unless received by **the 1st of the month**, applications will be carried over to the next month for consideration.
2. If not employed by the HSRC, please indicate clearly where correspondence should be sent.
3. This requirement holds even if, to assist the Committee, a proposal detailing the background to the research, the design of the investigation and the methodology, is submitted with the application.

4. SUMMARY OF THE RESEARCH (give a brief outline of the research plan – in not more than 200 words):

5. NATURE AND REQUIREMENTS OF THE RESEARCH

5.1 How should the research be characterised? (Please check/tick ALL appropriate boxes.)

5.1.1 **Personal and social information collected directly from participants/subjects**

5.1.2 **Participants/subjects to undergo physical examination**

5.1.3 **Participants/subjects to undergo psychometric testing**

5.1.4 **Identifiable information to be collected about people from available records**

5.1.5 **Anonymous information to be collected from available records**

5.1.6 **Literature, documents or archival material to be collected on individuals/groups**

5.2 Participant/Subject Information Sheet⁴ attached? (For written and verbal consent)
Yes No

5.3 Informed Consent Form⁵ attached? (For written consent). Yes No

Consent will be verbal Yes No

Informed consent is not necessary⁶ Yes No

If no, state why not:

5.4 If a questionnaire, interview schedule or observation schedule/framework for ethnographic study will be used in the research, it must be attached. Is it attached? (If not, the application cannot be considered.) Yes No

6. PARTICIPANTS/SUBJECTS IN THE STUDY

6.1 If humans are being studied, state *where* they are selected:

4. Whether written or verbal consent is to be obtained, the HSRC requires a Participant Information Sheet written in language understandable to the participant (or guardian) detailing what the participant will be told. This should include the following: (1) investigator introduction; (2) participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled; (3) the participant may discontinue participation at any time without penalty or loss of benefits; (4) a brief description of the research, its duration, procedures and what the participant may expect and/or be expected to do; (5) any foreseeable risks, discomforts, side-effects or benefits; and (6) disclosure of alternatives available to the participant. If risks are involved: (7) a professional contact and 24-hour telephone number; (8) an explanation whether counselling will be provided in the case of a negative experience developing. This Participant Information Sheet may be incorporated into the consent form, or the consent form may be submitted separately.

5. The Informed Consent Form should include a clear statement that the participant is consenting to involvement in research and not to research/treatment that will necessarily provide personal benefit. Any personal benefit should be mentioned where this is possible. An important piece of information is that the participant is free to withdraw from the research/trial at any time without prejudicing any benefits or treatment that is required for existing or future psychological/medical conditions. If this is not made clear, the researcher risks the accusation that consent was obtained by subtle coercion (that is, the possibility of prejudice against the participant as a current or future beneficiary/patient).

6. **NB.** If any doubt exists, please contact the Committee Secretary, Ms Jurina Botha, Room 1411, 14th Floor, HSRC Building, 134 Pretorius Street, Pretoria, Tel. 012 302-2800 (E-mail: JEBotha@hsrc.ac.za).

6.2 Participants/subjects will be asked to volunteer
and/or they will be selected
State *how* the participants/subjects will be selected, and/or who will be asked to volunteer:

Are the participants/subjects subordinate to the person doing the recruiting?
Yes No

If yes, justify the selection of subordinate subjects:

6.4.1.1 Will control participants/subjects/patients be used? Yes No
If yes, explain how they will be selected:

6.4 What records, if any, will be used, and how will they be selected?

6.5 What is the age range of the participants/subjects in the study?

6.5.1 If between 14 and 18 years, (a) assent form for guardian attached? Yes No
(b) consent form for participant/subject attached? Yes No

6.5.2 If younger than 14 years, (a) consent form for guardian attached? Yes No
(b) assent form for participant/subject attached? Yes No

6.6 Demographic profile of participants/subjects. (Check/tick ALL appropriate boxes.)

(a) Sex: Male Female

(b) Population group: African Coloured/Griqua Indian/Asian White

(c) Language group/s:

6.7 Number of non-patient participants/subjects: ; patients: ; controls: .

6.8 Will the research *benefit* the participants/subjects in any direct way? Yes No
If yes, explain in what way:

6.9 Will participation or non-participation *disadvantage* them in any way? Yes No
If yes, explain in what way:

7. PROCEDURES

7.1 Mark research procedure(s) that will be used:

Reviews: Literature Documentary Personal records

Personal information: Interviews Survey Participant observation

Other (describe):

How will the data be stored?

Social and related:

- Interview form/schedule (*must* be attached)
- Questionnaire (*must* be attached)
- Observation schedule/framework (*must* be attached)

Medical and related:

- Examination (state below nature and frequency of examination)
- Blood sampling; venous; arterial (state below amount to be taken and the frequency of blood sampling), and safe storage required?
- Biopsy/Gene identification– NOT FOR HSRC ETHICS COMMITTEE!
- Substance** administration (state below name[s] of **substance[s]** and dose[s] and frequency of administration) – NOT FOR HSRC ETHICS COMMITTEE!
- X-rays – NOT FOR HSRC ETHICS COMMITTEE!
- Isotope administration (state below name[s] of isotope[s] and frequency) – NOT FOR HSRC ETHICS COMMITTEE!
- Other procedures (provide details, and indicate clearly whether *medical-related*)

Use the space below to elaborate on procedures marked above:

[FOR MEDICAL OR RELATED PROCEDURES (OTHER THAN EXAMINATION AND BLOOD SAMPLING) PLEASE SUBMIT APPLICATION TO MRC OR OTHER MEDICAL ETHICS COMMITTEE.]

7.3 RISKS OF THE PROCEDURE(S) participants/patients/controls will/may suffer:

- No risk Discomfort Pain
- Possible complications Side effects from agents used
- Persecution Stigmatisation
- (Negative) labelling Other potential risks

If you have checked any of the above, except "No risk", provide details here:

8. RESEARCH PERIOD

(a) When will the research commence?

(b) Over what approximate time period will the research be conducted?

From:

To:

9. GENERAL

9.1 Has permission of relevant authority/ies been obtained? Yes No N/A
If yes, state name/s of authority/ies:

9.2 Confidentiality: How will *confidentiality* be maintained to ensure that participants/ subjects/patients/ controls are not identifiable to persons not involved in the research?

9.3 Results: To whom will result be made available, *and* how will the findings be reported to the research participants?

9.4 There will be financial costs to:

Participant/subject/patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Institution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain any box marked "yes":

9.5 Research proposal/protocol attached? Yes No

9.6 Any other information which may be of value to the Committee should be provided here:

Date: _____ **Applicant's Signature:**.....

Who will supervise the project?

Name: _____ **Programme/Institution/Department:** _____

Date: _____ **Signature:**.....

Director/Head/Research Coordinator of Department/Institute in which study is conducted:

Name: _____

Date: _____ **Signature:**.....