



VAAL UNIVERSITY OF TECHNOLOGY

**RESEARCH ETHICAL APPLICATION FOR REVIEW FORM**

**PLEASE NOTE THAT THE FORM MUST BE COMPLETED IN TYPED SCRIPT. HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED**

**1. APPLICANTS PERSONAL DETAILS**

- 1.1 Full Name
- 1.2 Surname
- 1.3 Gender
- 1.4 Race
- 1.5 Student Number (where applicable)
- 1.6 Staff Number (where applicable)
- 1.7 Department
- 1.8 Faculty
- 1.9 Existing Qualifications
- 1.10 Proposed Qualification for Project  
(In the case of research of degree purposes)
- 1.11 Contact number
- 1.12 Mobile number
- 1.13 E-mail address

**2. SUPERVISOR/ PROJECT LEADER DETAILS**

	<b>Name</b>	<b>Contact Number</b>	<b>Email</b>	<b>Department / Institution</b>	<b>Qualifications</b>
2.1					
2.2					
2.3					

### 3. ETHICAL ISSUES

The VUT Research Ethics Policy applies to all members of staff and postgraduate students who are involved in research on or off the campuses of VUT. In addition, any person not affiliated with Vaal University of Technology who wishes to conduct research with VUT students and / or staff is bound by the same ethics framework. Each member of the University community is responsible for implementing this Policy in relation to scholarly work with which she or he is associated and to avoid any activity which might be considered to be in violation of this Policy.

#### QUESTION 3.1

Does your study cover research involving:	YES	NO
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		
Persons living in particularly vulnerable life circumstances		

*If any of above are marked "Yes", indicate what measures you will take to protect the autonomy of respondents and (where indicated) to prevent social stigmatization and/or secondary victimisation of respondents. If you are unsure about any of these concepts, please consult your supervisor/promoter.*

#### QUESTION 3.2

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		

*If any of above are marked "Yes", explain and justify. Explain, too, what steps you will take to minimise the potential stress/harm.*

**QUESTION 3.3**

<b>Will any of the following instruments be used for purposes of data collection:</b>	<b>YES</b>	<b>NO</b>
Questionnaire		
Survey schedule		
Interview schedule		
Psychometric test		
Other/ equivalent assessment instrument		

*If any of above is marked “Yes”, 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.*

**QUESTION 3.4**

<b>Will the autonomy of participants be protected through the use of an informed consent form, which specifies (in language that respondents will understand):</b>	<b>YES</b>	<b>NO</b>
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 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 time without 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 not, this needs to be explained and justified, also the measures to be adopted to ensure that the respondents fully understand the nature of the research and the consent that they are giving.*

**QUESTION 3.5**

**Specify what efforts been made or will be made to obtain informed permission for the research from appropriate authorities and gate-keepers (including caretakers or legal guardians in the case of minor children)?**

**QUESTION 3.6**

**STORAGE AND DISPOSAL OF RESEARCH DATA:**

Please note that the research data should be kept for a period of at least five years in a secure location by arrangement with your supervisor.

**QUESTION 3.7**

**In the subsequent dissemination of your research findings – in the form of the finished thesis, oral presentations, publication etc. – how will anonymity/ confidentiality is protected?**

**QUESTION 3.8**

Is this research supported by funding that is likely to inform or impact in any way on the design, outcome and dissemination of the research?	<b>YES</b>	<b>NO</b>
<i>If yes, this needs to be explained and justified</i>		

**QUESTION 3.9**

Has any organization/company participating in the research or funding the project, imposed any conditions to the research?	<b>YES</b>	<b>NO</b>
<i>If yes, please indicate what the conditions are.</i>		

**4. FORMALISATION OF THE APPLICATION**

**APPLICANT**

I have familiarised myself with the Universities Research Ethics Review Guidelines and undertake to comply with it. The information supplied above is correct to the best of my knowledge.

**NB: PLEASE ENSURE THAT THE ATTACHED CHECK SHEET IS COMPLETED**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**DATE:**

**NB: Please ensure that the applicant has completed the attached Check Sheet and that the Form is forwarded to your Faculty Research Committee**

\_\_\_\_\_  
**SIGNATURE OF SUPERVISOR/ PROJECT LEADER**

**DATE:**

**RECOMMENDATION OF FACULTY RESEARCH COMMITTEE/HIGHER DEGREES COMMITTEE**

The application is (please tick):

	Approved *
	Recommended and referred to the Ethics Research Committee for further consideration
	Not Approved, referred back for revision and resubmission

**NAME OF CHAIRPERSON:**

**SIGNATURE:** \_\_\_\_\_

**DATE:**

**RECOMMENDATION OF UNIVERSITY RESEARCH ETHICS COMMITTEE**

**NAME OF CHAIRPERSON:**

**SIGNATURE** \_\_\_\_\_

**DATE:**

**(If applicable) DEPUTY VICE-CHANCELLOR: ACADEMIC & RESEARCH**

**SIGNATURE** \_\_\_\_\_

**DATE:**

**VAAL UNIVERSITY OF TECHNOLOGY****RESEARCH ETHICAL APPLICATION FOR REVIEW FORM****PROPOSAL RELATED DOCUMENTS****PLEASE TICK**

1. Proposal Summary Sheet attached	
2. Informed consent form in English and in the language of the potential participants. The language should be understandable to a lay person	
3. Description and/or amounts of compensation including reimbursements, gifts or services to be provided to participants (if applicable)	
4. Description for arrangement for indemnity (if applicable)	
5. Description of any financial cost to participant (if applicable)	
6. Description of provision of insurance coverage to participants (if applicable)	
7. Description of steps to be undertaken in case of adverse event or when injury of harm is experienced by the participants attributable to their participation in the study	
8. Statement agreeing to comply with ethical principles set out in the VUT Ethics Review Guidelines	
9. Disclosure of any previous ethics review action by other ethics review bodies (if applicable)	
10. Research instrument such as questionnaires, interview guides and similar documents	
11. Research budget	
12. CV's of principal investigators	
13. Letter(s) of permission from relevant bodies (if applicable)	