

MARTIN LUTHER CHRISTIAN UNIVERSITY

University Research Ethics Committee

ETHICAL APPROVAL FORM

(This application form should be completed and returned to the Secretary, University Research Ethics Committee (UREC), for any research project undertaken by a university faculty, student or member of staff, prior to the commencement of the proposed project.)

1. Name of applicant:
2. Designation and department:
3. Applicant's contact number: Email address:.....
4. Name and designation of supervisor:
5. Title of proposed project:
6. Location of Study:
7. Proposed date of commencement of data collection:
8. Proposed date of completion:
9. Has this project received research funding? If yes, please give details of the funding body.
10. Briefly describe the project, including its purpose, methods and tools to be used (approx 500 words).
11. Are any "conflict of interest" issues likely to arise in relation to this research? If yes, please provide details.
12. Specify the number and type of participant(s) likely to be involved:

13. State how the participant(s) will be recruited. Please attach copies of recruiting materials.....

14. State the manner in which the participant(s) or community consent will be obtained. (If written, please include a copy of the consent form).....

15. Will the participant(s) be told they can withdraw from participation at any time, if they wish?
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16. How will the confidentiality of the data, including the identity of participants, be ensured?

17. If the participants are under the age of 18 years or 'vulnerable persons' (e.g. with learning disabilities or with severe cognitive disability), how will consent be given (i.e. from the participants themselves or from a third party such as a parent or guardian) and how will assent to the research be asked for?.....

18. Give a brief outline of the benefits that the research study is expected to provide to the subjects (approx 100 words). Please attach your outline with this form.
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19. How will the results of the research be reported back to the participants?

DECLARATION

For the Applicant:

The information in this form is accurate to the best of my knowledge and I take full responsibility for it. I also agree to abide by the guidelines of the University Research Ethics Committee during the entire course of my research study.

Signature of the applicant.....

Date:

For the Supervisor:

I understand my responsibilities as supervisor, and will ensure, to the best of my abilities, that the researcher abides by the University's Policy on Research Ethics at all times.

Signature of the Supervisor/Co-Supervisor.....

Date