***NB: Please tick the relevant box with X***

|  |  |
| --- | --- |
| **Project Title** |  |
|  |
| **Principal Researcher(s)** |  |  |
| **Student/Staff number**  |  |
| **Email Address** |  | **Contact Number**:  |
| **Supervisor and Co-supervisor** |  |  |
| **Department/Section** |  |
| **Faculty**  |  |
|  |
| **Nature of Project** | Honors/4th Year |  | Master’sMini-dissertation  |  | Master’sFull dissertation | X | Doctoral |  | 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 |  | Desktop, fieldwork, or laboratory research only |  |
| Research on the environment  |  | Interference with nature |  | Hazards/ pollution |  | Conservation  |  | Intellectual Property (IP) |  |
|  |
| **Is this a subsequence section of an umbrella project that has prior received a UZREC certificate?**  |  | **YES** |  | **NO** |  |
| **If, YES on the above section please give details, eg:** *The title of the approved project and UZREC number:* |
|  |
| **Conflict of interests** |  (Researcher, funder, or participants) |  | **YES** |  | **NO** |  |
|  |
| **Risk Classification** | Low Risk  |  | Medium Risk |  | High Risk  |  | Other |  |
|  |

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| --- |
|  |
| **Documents submitted for ethical clearance consideration** | Project proposal | X | Letter requesting access to sites/ information/ participants |  |
| Survey Instrument/Questionnaire |  | Letter granting access approval |  |
| Translation (where appropriate) |  | Other documentation: |  |
| Observation sheet |  |  |  |
| Research instrument permission |  |  |  |
| Participant Informed Consent |  |  |  |
| Guardian Informed Consent |  |  |  |
| Copyright permission |  |  |  |
|  |
| **Faculty REC comments:*** 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
 |  |
| **Faculty REC Chairperson’s Signature** |  | **Date** |
| **Print Name** |  |