**All applicants**

Please submit the form (in the original MS Word format) to per the instructions on [Science Faculty | Research Ethics](https://science.uct.ac.za/research-ethics).

This form must be completed electronically (i.e. typed) by students and supervisors, and submitted as a Word document as indicated above. The fields are expandable (horizontally and vertically). Use Enter when you get to the end of the page, to prevent the fields from spilling too far on the horizontal axis. Attachments will not be considered except as specified in the form.

Ensure that you have read the [additional guidelines for applying for ethics clearance for a study or experiment](https://science.uct.ac.za/additional-guidelines-ethics).

**Questions?**

Please send queries to your departmental contact or directly to [sci-rec@uct.ac.za](mailto:sci-rec@uct.ac.za)

Chair: A/Prof Melissa Densmore, [melissa.densmore@uct.ac.za](mailto:melissa.densmore@uct.ac.za)

Servicing Officer: Ka Wai Cawood, [sci-rec@uct.ac.za](mailto:sci-rec@uct.ac.za)

Computer Science Subcommittee: [csethics@cs.uct.ac.za](mailto:csethics@cs.uct.ac.za)

Environmental and Geographical Science Subcommittee: [egsethics@uct.ac.za](mailto:egsethics@uct.ac.za)

**A. STUDENT AND SUPERVISOR DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.1** | | **Applicant personal particulars** (required)**:**  *You may enter more than one name here, if this is a group project.* | | | | | | | |
| Title and name(s): | |  | | | | | |
| Email(s): | |  | | | | | |
| Telephone: | |  | | | Mobile number: | |  |
| Department(s): | |  | | | | | |
| **A.2** | **Supervisor or Principal Investigator particulars** (required)**:** | | | | | | | | |
| Staff no: | |  | | | | | | |
| Title and name(s): | |  | | | | | | |
| Telephone: | |  | | | | Mobile number: | |  |
| Email: | |  | | | | | | |
| Department: | |  | | | | | | |
| **A.3** | **Collaborators** (optional)**:**  This will include any external collaborators or research assistants that are involved in this project. | | | | | | | | |
| Title and name | | | | Institution | | | Role | |
|  | | | |  | | |  | |
| **A.4** | | **Project** (required)**:**  *The title of the project should be suitably descriptive of the work entailed.* | | | | | | | |
| **Title** | | | |  | | | |
| **Project duration (month/year – month/year)** | | | |  | | | |
| **Purpose** (tick) | | | | | | | |
| **Honours Project** | | | |  | | | |
| **Masters by coursework and dissertation** | | | |  | | | |
| **Masters by dissertation only** | | | |  | | | |
| **PhD thesis** | | | |  | | | |
| **Academic research** | | | |  | | | |
| **Contract-funded research** | | | |  | | | |
| **Other research (please specify)** | | | |  | | | |

**B. PRE-REQUISITES** (all answers required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B.1** | **Have you read the** [**UCT Research Ethics Code for Research Involving Human Participants**](https://uct.ac.za/research-support-hub/integrity/research-integrity-policies)**?**  This code is also available for download from the UCT website’s listing of policies – scroll down the alphabetical listing to ‘Research’, where you will find this specific code:  <http://www.uct.ac.za/administration/policies/> | | | | |
| Yes |  | No |  |  |
| **B.2** | **Are you applying for expedited review?**  Only for Computer Science and Environmental and Geographical Science | | | | |
| Yes |  | No |  |  |
| **B.3** | **Is your research making use of human participants or subjects as sources of data?**  Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information, which includes a subject's opinion on a given topic. | | | | |
| Yes |  | No |  |  |
| **B.4** | **Is your research making use of third-party data?**  If yes, please (i) give details in section C1 about the nature of the data, how it was acquired, and any restrictions on its use, (ii) answer section B5 below with respect to the custodian/source of the data, (iii) ensure you address in sections C and D the ethical issues related to your use of the data, including the process by which permission was sought from participants for the anonymised use of their data. If free and prior informed consent was NOT sought by the custodian of the data, please provide an explanation and briefly reflect on the ethical implications of this for your own research.  Please note that a clearance certificate is not required by the FSREC for use of anonymised third party data, although you should still consider ethical implications of your work and seek proper permissions from the custodian of the data for its use. However, if the data custodian or another entity requires ethics clearance, please clearly state the reasons for the requirement in B5. If you are using non-anonymised data, please detail your data storage and protection procedures in C1. | | | | |
| Yes |  | No |  |  |
| **B.5** | **Does your research require express permission from a third party, such as governments, property owner(s), occupier(s) or manager(s), or other institutions?** | | | | |
| Yes |  | No |  |  |
| **Please state from whom permission is required:** | | | | |
|  | | | | |
| **Have you received permission to proceed?**  If yes, please attach or append a copy of the permission, or explain the nature of the permission received. If no, please provide an explanation. | | | | |
| Yes |  | No |  |  |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B.6** | **Is your research being conducted within a National Park or Nature Reserve (or similar) or any other area for which a permit is required?** | | | | |
| Yes |  | No |  |  |
| **Please state from whom permission is required:** | | | | |
|  | | | | |
| **Have you obtained the required permit?**  If yes, please attach or append a copy of the permit. If no, please provide an explanation. | | | | |
| Yes |  | No |  |  |
|  | | | | |
| **B.7** | **Does your research intend to make use of UCT students or staff as participants?**  For [research involving UCT students](https://uct.ac.za/research-support-hub/integrity/accessing-uct-staff-or-students-research-population) you must send a DSA100 form with your clearance certificate to the Executive Director of the Department of Student Affairs (DSA) for approval to conduct this research. For [research involving UCT staff](https://uct.ac.za/research-support-hub/integrity/accessing-uct-staff-or-students-research-population), you must submit the [HR194a](https://forms.uct.ac.za/hr194a.docx) or [HR194b](https://forms.uct.ac.za/hr194b.docx) form with your certificate to the Executive Director of the Human Resources Department for approval to conduct the research. You will need to first receive ethical clearance from the Science Faculty Research Ethics Committee (FSREC). For more information, please see the [UCT Research Support Hub](https://uct.ac.za/research-support-hub/integrity/accessing-uct-staff-or-students-research-population). | | | | |
| Yes |  | No |  |  |

**C. RESEARCH FOCUS** (required, maximum 500 words, may not exceed this page)

|  |  |
| --- | --- |
| **C.1** | In the space below state your research aim and objectives (or questions); briefly outline your plans for data collection and indicate the nature/type of information you will be seeking from the participants in your research. **Please clearly indicate the number of participants you envisage and how you will recruit them for your research.** Do NOT submit additional documents. Your proposal will be evaluated on information in this form alone.  Please note that ethics applications are reviewed by a multi-disciplinary committee and should be written in a manner that does not assume specialist knowledge. For this reason, acronyms/ abbreviations should be written out in full the first time they are used, followed by the shortened version in brackets. |
|  |

**D. PARTICIPANT PROCEDURES** (all answers required)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D.1** | | **Information** | | | | | | | | | | |
| **Will research participants have reasonable and sufficient knowledge about you, your background and location, and your research intentions?**  By ticking the ‘Yes’ box, you declare that you have completed and will use the **informed consent form** appended to this statement, and that whether you are seeking written or verbal consent, you will explain the content of the consent form verbally to each participant. Any other information you want to provide to strengthen your application with respect to the provision of information may be included in the box below. If your answer is ‘No’, please provide justification. | | | | | | | | | | |
| Yes |  | | No | |  | |  | | | |
|  | | | | | | | | | | |
| **How will you provide feedback to the participants or other stakeholders in your study?** Ideally this might be in direct communication at the end of your study, in a feedback workshop. Feedback should be shared in a way that is accessible to your participants (e.g. a suitable summary rather than a copy of the dissertation). | | | | | | | | | | |
|  | | | | | | | | | | |
| **D.2** | **Consent** | | | | | | | | | | | |
| **Will you secure the free and prior informed consent of all participants in the research?**  Please provide your procedure for securing informed consent of all participants in the box below and that you complete the **informed consent form** at the end of this document with the particulars of your project or include the form or script you will use. You are not obligated to use the template provided but should use and include something appropriate for participants and your research methods. If you choose to use the template please complete the header with your contact details and ensure that you replace all content in *[square brackets]* with information specific to your project.  By ticking the ‘Yes - Written’ or ‘Yes - Oral' box, you declare that you:   * commit to ensuring that each participan**t** understands the informed consent statement, agrees to participate, before any research begins * retain a record of informed consent, either by keeping a copy of the signed form, or in the case of oral consent, recording time and place of consent in writing with the signature of a witness, or on an audio device * will give the participant a copy of the signed form and keep a second copy for yourself (in the case of written consent) | | | | | | | | | | | |
| Yes - Written | | |  | | Yes - Oral | |  | | No |  |  |
| All applicants must complete the box below.  If you ticked ‘No’, also explain why waiver of prior informed consent is required.  Any other information you want to provide with regard to consent may also be included in the box below, including any plans required to translate the form or oral informed consent script into the language of research participants, and a brief motivation for oral consent if applicable | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D.3** | **Recording** | | | | |
| **Will you take photographs, audio recordings or videos of your participants?**  Photographs, audio, and video recordings contain personally identifiable information, even if the face is not visible, and may also be prohibited by certain individuals and cultures or violate people’s rights to privacy.  By ticking the ‘Yes’ box, you declare that you:   * will commit to asking permission prior to initiating any photograph or recording * will not photograph or record participants who have declined * will seek the free and informed consent of participants prior to using any recordings or photographs in publications, project websites, presentations, social media or other means of dissemination.   If yes, please provide (i) a rationale for using such material in your research, (ii) the procedure for securing consent for recordings (this may entail modifications to the consent form), (iii) an explanation of how you intend to use the material and (iv) how you will store the recordings.  *Please ensure that the content of this section aligns with the informed consent statement at the end of this form.* | | | | |
| Yes |  | No |  |  |
|  | | | | |
| **D.4** | **Confidentiality** | | | | |
| **Are you able to offer privacy and confidentiality to participants, if they wish to remain anonymous?** The default requirements of the Science Faculty Research Ethics Committee are to assure that either:   1. study data are de-identified (identifiers are stripped or separated), or 2. data are collected without identifiers (anonymous).   If you wish to use the names and organisational affiliations of participants in your research:   1. tick ‘No’, 2. provide a reasoned motivation in the box below why you are adopting this approach, indicating why this does not have ethical implications for the participants, and 3. modify the appended prior informed consent form appropriately so that it reflects a participant’s agreement that you may use his or her name and/or affiliation together with the information they provided.   If there are any aspects of your research where there might be difficulties or problems with regard to protecting the confidentiality and rights of participants, and honouring their trust, explain this in detail below. | | | | |
| Yes |  | No |  |  |
|  | | | | |

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| **D.5** | **Potential harm for participants** | | | | |
| **Outline any foreseeable risks of legal, physical, psychological, or social harm or suffering to participants and/or the environment, which might result from, or occur in the course of, this research.**  Please include what these risks might be and what preventative steps you plan to take to avoid or minimise such harm from being suffered and include a summary of these risks in the appended prior informed consent form. Residual risks are to be balanced by your response to question D.8 below (on the benefits of the research). If there are no foreseeable risks beyond what your participants may encounter in everyday life, state that this is the case. | | | | |
|  | | | | |
| **D.6** | **Potential for harm to UCT or other institutions** | | | | |
| **Are there any foreseeable risks of harm to UCT, or to other institutions, that might result from or occur in the course of the research, for example, legal action resulting from the research; or the image of the university or another institution being adversely affected by association with the research (such as a school being compromised in the eyes of the Department of Education)?**  If your answer is ‘Yes’, give details below (to be balanced by your response to question D.8 below). | | | | |
| Yes |  | No |  |  |
|  | | | | |
| **D.7** | **Other conceivable ethical issues** | | | | |
| **Are there any other ethical issues that you think might arise during the course of the research (e.g., with regard to conflicts of interest amongst participants and/or institutions)?**  If your answer is ‘Yes’, give details in the box below and say what you plan to do to minimise any adverse consequences (to be balanced by your response to question D.8 below). | | | | |
| Yes |  | No |  |  |
|  | | | | |
| **D.8** | **Benefits to science, to participants and others** | | | | |
| **Summarize the benefits of your research.**  The core task of research ethics committees is to balance the benefits of research against risks or potential harm that may ensue, as per sections D.5, D.6, and D.7 of this form. In the space below summarise the benefits of your research. | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **D.9** | **Publication of results** | | | | |
| **Research projects ideally result in publication of the results. Have you and your supervisor/PI read and agreed to the principles regarding authorship as set out in the** [**UCT Authorship Practices Policy**](https://uct.ac.za/research-support-hub/integrity/research-integrity-policies)**?** | | | | |
| Yes |  | No |  |  |

**E. SIGNATURES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E.1** | **Endorsement by Applicant** | | | | | | |
| Title and Names |  | | | | | |
| Signature |  | | | Date | |  |
| **E.2** | **Endorsement by Supervisor or Principal Investigator**  By signing below, I certify that I have assisted the applicant to identify ethical issues pertaining to his or her research; that I have reviewed this ethics application, including the informed consent form overleaf, and am satisfied that it is accurate and adequately communicates information about the proposed research | | | | | | |
| Comments | | | | | | |
|  | | | | | | |
| Title and Names | |  | | | | |
| Signature | |  | Date | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT OF [DEPT NAME HERE]** | | |  |
| UNIVERSITY OF CAPE TOWN  **PRIVATE BAG X3**  RONDEBOSCH 7701  SOUTH AFRICA | RESEARCHER/S: TELEPHONE:  E-MAIL:  URL: | Your name/s here  +27-21-650 XXXX  your email here  proj or dept url here |

# Informed Voluntary Consent to Participate in Research Study

**Project Title** [provide suitably descriptive project title here]

**Invitation to participate, and benefits:** You are invited to participate in a research study conducted with [e.g. rice farmers, school teachers, etc.]. The study aim is to [fill in particulars here]. I believe that your experience would be a valuable source of information, and hope that by participating you may gain useful knowledge.

**Procedures:** During this study, you will be asked to [fill in particulars here].

**Recording:** We may take photographs and/or record audio/video as part of the study. These will be used [in the following manner]. If you object to this, please indicate below. [Please edit/remove as necessary].

**Risks:** There are no potentially harmful risks related to your participation in this study. [Delete one of these sentences.] The harmful risks to you, related to your participation in this study, may be [provide details]

**Feedback**: You will receive feedback about the results of this research in the following manner [provide details as relevant].

**Disclaimer/Withdrawal:** Your participation is completely voluntary; you may refuse to participate, and you may withdraw at any time without having to state a reason and without any prejudice or penalty against you. Should you choose to withdraw, the researcher commits not to use any of the information you have provided without your signed consent. Note that the researcher may also withdraw you from the study at any time.

**Confidentiality**: All information collected in this study will be kept private in that you will not be identified by name or by affiliation to an institution. Confidentiality and anonymity will be maintained as pseudonyms will be used. [Please edit if you have a non-standard policy].

**What signing this form means:** By signing this consent form, you agree to participate in this research study. The aim, procedures to be used, as well as the potential risks and benefits of your participation have been explained verbally to you in detail, using this form. Refusal to participate in or withdrawal from this study at any time will have no effect on you in any way. You are free to contact me, to ask questions or request further information, at any time during this research.

I agree to participate in this research (tick one box)  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

*[The following statements are suggested items only and may be replaced or deleted as appropriate for your study. – please delete this line]*

I agree to be photographed  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to be audio-recorded  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to be video recorded  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to the use of anonymized photographs/audio recordings/videos *[researcher to delete as applicable]* in publications, presentations, and websites *[edit to match your planned use of recordings, this line is not necessary if recordings are only to be used for data analysis ]*  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Participant | Signature of Participant | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Researcher | Signature of Researcher | Date |