**HOW TO FILL THIS SECTION IN:**

1. Complete Sections 1 to 8 in typescript (select correct option from drop down or type in space where applicable). Information may be pasted from existing Word® documents), and saved (filename must contain your name). Handwritten forms will not be accepted.
2. Use the “Save as” option to save the application form with a filename containing your name(e.g.“**J Smith** REC Application Form.doc”).

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| **Please submit this form, with the following documentation, in one email to the secretary: Luke.Cheketri@lifehealthcare.co.za** | |
| Abstract | Information sheet to participants in the research |
| Full research proposal | Consent form for participants |
| Ethical clearance certificate from academic institution | Data gathering and measuring instruments/tools |
| Letter to institution requesting permission (must include ethical considerations) | Proof of payment if requesting for ethical clearance |

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| 1. **GENERAL INFORMATION** | | | | | | | | | | | |
| **Particulars of Principle researcher** | | | | | | | | | | | |
| Choose an item. | **First Name** | | |  | | | | | **Surname** | |  |
| **Cell No** |  | | | | **Email** |  | | | | | |
| **Research study focus** | | | Choose an item. | | **Other:** | | |  | | | |
| **Indicate reason for research study** | | | | | Choose an item. | | | | | | |
| **If study is being conducted through a Higher Education Institution (HEI), indicate the qualification type** | | | | | Choose an item. | | | | | | |
| **Name of Higher Education Institution through which the research is being conducted** | | | | |  | | | | | | |
| **State the Title of the Research Study** | | | | |  | | | | | | |
| **Select the study Methodology** | | | | | Choose an item. | | | | | **Other: (please state)** | |
| **Are you a permanent employee/student of Life Healthcare?** | | | | | Choose an item. | | | | | | |
| **If yes, in what capacity?** | | | | |  | | | | | | |
| **At which Life Healthcare institution are you employed / a student?** | | | | |  | | | | | | |
| **List the Life Healthcare Institutions where you wish to conduct your research:** | | | | | | | | | | | |
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| **Nature of request** | | Choose an item. | | | | | | | | | |

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| 1. STUDY INFORMATION |
| **STUDY DETAILS** |
| 1. Scope of study: **Select an item** |
| 1. Funding : **Select an item**   Additional information (e.g. source of funds or how combined funding is split) **Type details here or select “Not applicable”** |
| 1. Are there any restrictions or conditions attached to publication and/or presentation of the study results? **Select an item**   If YES, elaborate (Any restrictions or conditions contained in contracts must be made available to the Committee): **Type response here or select “Not applicable”** |
| 1. Date of commencement of data collection: **Click here select a date**  Anticipated date of completion of study: **Type duration here** |
| 1. Objectives of the study (the major objective(s): |
| 1. Rationale for this study: briefly (300 words or less) describe the background to this study i.e. why are you doing this particular piece of work. A few (no more than 5) key scientific references may be included:  **Type rationale here** |
| **METHODOLOGY** |
| 1. Briefly state the methodology (specifically the procedure in which human subjects will be participating) **Type summarised method here** |
| 1. State the number of participants involved and category of staff **Type number of participants and categories of staff** |

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| 1. RISKS AND BENEFITS OF THIS STUDY |
| 1. Is there any risk of harm, embarrassment or offence, however slight or temporary, to the participant, third parties or to the community at large? **Select an item** If YES, state each risk, and for each risk state i) whether the risk is reversible, ii) whether there are alternative procedures available and iii) whether there are remedial measures available. **Type response here or select “Not applicable”** |
| 1. Has the person administering the project previous experience with the particular risk factors involved? **Select an item**  If YES, please specify: **Type response here or select “Not applicable”** |
| 1. Are any benefits expected to accrue to the participant (e.g. improved health, mental state, financial etc.)? **Select an item** If YES, please specify the benefits: **Type response here or select “Not applicable”** |
| 1. Will you be using equipment of any sort e.g. BP machine? **Select an item**  If YES, please specify: **Type response here or select “Not applicable”** |
| 1. Will any article of property, personal or cultural e.g. patient records, be collected in the course of the project? **Select an item**  If YES, please specify: **Type response here or select “Not applicable”** |

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| 1. TARGET PARTICIPANT GROUP |
| a) If particular characteristics of any kind are required in the target group (e.g. age, cultural derivation, background, physical characteristics, disease status etc.) please specify: **Type response here or select “Not applicable”** |
| b) Are participants drawn from Life Healthcare staff? **Select an item** |
| c) If participants are drawn from specific groups of Life Healthcare staff, please specify: **Type response here or select “Not applicable”** |
| d) Are participants drawn from a vulnerable group? **Select an item**  If YES, please specify how these participants be managed: **Type response here or select “Not applicable”** |
| e) If participants are drawn from an institutional population (e.g. acute, mental health, rehabilitation, oncology, occupational health), please specify: **Type response here or select “Not applicable”** |
| f) If any records will be consulted for information, please specify the source of records: **Type response here or select “Not applicable”** |
| g) Will each individual participant know his/her records are being consulted? **Select an item**  If YES, state how these records will be obtained: **Type response here or select “Not applicable”** |
| h) Are all participants over 18 years of age? **Select an item**  If NO, state justification for inclusion of minors in study: **Type response here or select “Not applicable”** |

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| 1. CONSENT OF PARTICIPANTS |
| 1. Is consent to be given in writing? **Select an item**  If YES, include the consent form with this application [Appendix 2].  If NO, state reasons why written consent is not appropriate in this study. **Type response here or select “Not applicable”** |
| 1. Are any participant(s) subject to legal restrictions preventing them from giving effective informed consent? **Select an item**  If YES, please justify: **Type response here or select “Not applicable”** |
| 1. Will participants receive remuneration for their participation? **Select an item**  If YES, justify and state on what basis the remuneration is calculated, and how the veracity of the information can be guaranteed. **Type response here or select “Not applicable”** |
| 1. Which gatekeeper will be approached for initial permission to gain access to the target group? (e.g. principal, nursing manager, hospital manager) **Type response here or select “Not applicable”** |
| 1. Do you require consent of an institutional authority for this study? (e.g. Department of Education, Department of Health) **Select an item**   If YES, specify: **Type response here or select “Not applicable”** |

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| 1. INFORMATION TO PARTICIPANTS |
| 1. What information will be offered to the participant before he/she consents to participate? (Attach written information) |
| 1. Who will provide this information to the participant? (Give name and role)  **Type name of information provider here** **Type role of information provider here** |
| 1. Will the information provided be complete and accurate? **Select an item** If NO, describe the nature and extent of the deception involved and explain the rationale for the necessity of this deception: **Type response here or select “Not applicable”** |

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| 1. PRIVACY, ANONYMITY AND CONFIDENTIALITY OF DATA |
| 1. Will the participant be identified by name in your research? **Select an item**   If YES, justify: **Type response here or select “Not applicable”** |
| 1. Are provisions made to protect participant’s rights to privacy and anonymity and to preserve confidentiality with respect to data? **Select an item**  If NO, justify. If YES, specify: **Type response here or select “Not applicable”** |
| 1. If mechanical methods of observation are to be used (e.g. one-way mirrors, recordings, videos etc.), will participant’s consent to such methods be obtained? **Select an item**   If NO, justify: **Type response here or select “Not applicable”** |
| 1. Will data collected be stored in any way? **Select an item**   If YES, please specify: (i) By whom? (ii) How many copies? (iii) For how long? (iv) For what reasons? (v) How will participant’s anonymity be protected? **Type response here or select “Not applicable”** |
| 1. Will stored data be made available for re-use? **Select an item**   If YES, how will participant’s consent be obtained for such re-usage? **Type response here or select “Not applicable”** |
| 1. Are there any contractual secrecy or confidentiality constraints on this data? **Select an item**   If YES, specify: **Type response here or select “Not applicable”** |

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| 1. FEEDBACK |
| 1. Will feedback be given to participants? **Select an item** If YES, specify whether feedback will be written, oral or by other means and describe how this is to be given (e.g. to each individual immediately after participation, to each participant after the entire project is completed, to all participants in a group setting, etc.): **Type response here or select “Not applicable”** |
| 1. If you are working in a school or other institutional setting, will you be providing the relevant authorities a copy of your results? **Select an item** If YES, specify, if NO, motivate: **Type response here or select “Not applicable”** |

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| 1. ETHICAL AND LEGAL ASPECTS |
| a) I will ensure Life Healthcare is protected ethically and legally by ensuring the following considerations when conducting the study at its facilities : **Type response here** |
| 1. I would like the REC to take note of the following additional information:  **Type response here or select “None”** |

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| 1. DECLARATION |
| If any changes are made to the above arrangements or procedures, I will bring these to the attention of the Research and Ethics Committee. I have read, understood and will comply with the *Ethics in Health Research: Principles, Processes and Structures* and have taken cognisance of the availability of the publication (on-line) [www.nhrec.org.za](http://www.nhrec.org.za)  I have read and understood the LHC *Guideline for application to conduct research*. All participants are aware of any potential health hazards or risks associated with this study.  **I have read and agree with the condition as stated above**. |
| **31 October 2017**  **Type name here** (Primary Responsible Person) Date |