**Please Note:**
- the form must be completed in typed script;
- that handwritten applications will not be considered; and
- this form should be used for Advanced Diploma / Postgraduate Diploma projects that make use of similar methodologies and research participant recruitment, sampling and analysis methods.

## MODULE DETAILS

Module Name _____

Module Code _____

NQF Level _____

Credits per Module _____

Module Outcomes _____

Proposed Qualification _____

## APPLICANT'S PERSONAL DETAILS

Full name of Research Leader (RL) / Lecturer _____

Department _____

Faculty _____

Contact number of RL[1] _____

e-mail of RL _____

## SUB-PROJECT PRINCIPAL INVESTIGATOR / STUDENT DETAILS

**Please attach each student's individual project abstract**

| | ***Name*** | ***Student Number*** | ***Sub-project title*** | ***Sub-project brief abstract and documents*** ***(See checklist point 3)*** |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |

[1] The RL is the research leader or lecturer in charge of the research project for AD / PGD studies.

## 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. ***By signing this application, the signatories bind themselves to the following conditions:***

1. That the project presented here and in the submitted proposal will be carried through as it is documented here;
2. That any deviations from the application and proposal that are significant enough to change the methodologies and methods envisioned must be reported and an amendment to the project be approved by the CREC (via the relevant FREC, where applicable);
3. The reporting of any Serious Adverse Events (SAEs) will be undertaken within the guidelines laid out by the VUT Standard Operating Procedures;
4. Progress reports will be submitted according to the dates presented in the Approval letter, and a completion report will be submitted;
5. That, by submitting this application, the PI and the research team declare that no data collection beyond that which is required for the preparation for the proposal and this application has taken place;
6. The ethics clearance number will be presented in any correspondence with the REC.

| | |
|---|---|
| ***Title of Project*** | Practice Based Research Project |
| ***Name of Approving DRIC*** | (Please attach a copy of the approval letter or signed extract from the minutes as Annexure B) |
| ***Date of DRIC Approval*** | |

### QUESTION 1

| **Does the project include 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 will be taken in the sub-projects 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.*

IF YES, *Describe the situation that brings about the measures, and then define the measures that are to be taken.*

## QUESTION 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.*

IF YES, *Describe the situation that brings about the measures, and then define the measures that are to be taken.*

## QUESTION 3

| **Will any of the following instruments be used for purposes of data collection:** | ***YES*** | ***NO*** |
|---|---|---|
| Questionnaire | | |
| Survey schedule | | |
| Interview/Focus group schedule | | |
| Psychometric test | | |
| Other/ equivalent assessment instrument | | |

*If any of above is marked **"Yes"**, attach copy of the research instrument. If Sub-projects make use of unique research instruments, these need to be included as supporting documentation for each sub-project.*

*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.*

*ADD THE INFORMATION HERE and indicate that the instrument has been appended to this document under a specific name and Appendix number.*

*In the case of the Psychometric test indicate which one and attach evidence that you have permission to use it. Where the test is to be administered by a professional, provide the information of the professional.*

## QUESTION 4

| **Will the autonomy of participants be protected through the use of an informed consent form, which specifies (in language that respondents will understand):** | ***YES*** | ***NO*** |
|---|---|---|
| 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) | | |
| That participants are free to withdraw from the research at any time, before data is de-identified, 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. <u>If any sub-project has a 'no' answer to any of the above questions, this project needs to complete a separate application for research ethical clearance.</u>*

*Refer to the relevant Information Leaflet and Informed Consent appended to this document by title or Appendix number.*

*In the case where any of the responses are indicated negatively (i.e as "NO") provide a justification why this decision has been made and the information has been omitted, here.*

## QUESTION 5

**Specify what efforts have 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)?**

*Describe the measures, here, and append the relevant documents with their titles and Appendix numbers to this document*

**QUESTION 6**

**STORAGE AND DISPOSAL OF RESEARCH DATA:**

Please note that it is of the utmost importance that all research data must be stored in a secure location, inaccessible to unauthorised persons, for a period of 5 years. This data must then be disposed of in a manner which is irreversible. In the box below you are requested to describe, in detail, where and how such data will be safely stored and what procedure you will follow to destroy and dispose of this data at the end of the fifth year, on a stated date. If the data will be stored electronic, please indicate what platforms will be used and whether they are password protected. You must furthermore ensure and state that your storage and disposal procedure has been authorised and confirmed by your supervisor.
Please also indicate how compromised data would be dealt with in the case that data was breached, and personal information was disclosed. Steps to mitigate the effects of the breach, undertaking to inform the data subject of the breach of personal information should be noted. Please also provide an undertaking that the data will not be shared with unauthorised third parties and that it will only be used for the purpose that it was collected for.

**QUESTION 7**

**In the subsequent dissemination of your research findings - in the form of the finished thesis, oral presentations, publication etc. - how will anonymity/ confidentiality be protected? Provide a detailed description.**

**QUESTION 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?** **YES** ☐ **NO** ☐

*If YES, this needs to be explained and justified here. Append any documentation that will assist the Ethics Committees in reaching a conclusion.*

**QUESTION 9**

**Are extra arrangements necessary to indemnify the research team members and/or the participants?** **YES** ☐ **NO** ☐

*If YES, please indicate here why this is deemed necessary and then indicate how the arrangements have been made. Append supporting documentation and refer.*

**QUESTION 10**

**Is it deemed necessary to have insurance cover, over and above the VUT insurance, for this research project?** **YES** ☐ **NO** ☐

*If YES, please indicate why this deemed necessary and present evidence of how this is to be done. Append supporting documentation.*

**QUESTION 11**

**Are the participants to be compensated in any form?** **YES** ☐ **NO** ☐

*If YES, please indicate what that compensation entails here*

**QUESTION 12**

**Has any organization/company participating in the research or funding the project, imposed any conditions to the research?** **YES** ☐ **NO** ☐

*If YES, please indicate what the conditions are. Append supporting documentation*

**QUESTION 13**

**Are there any additional aspects to the research project such as studio/lab work or on-site creative work? If yes, describe the nature of the work and provide the required documentation.** **YES** ☐ **NO** ☐

*If yes, describe the nature of the work and attach the approved Standard Operating Procedures for the relevant studios or laboratories; confirmation of first aid kits available in the venues; proof of training of students on the SOP's as well as proof of availability of staff with first aid training.*

Each student creates a practical project for their practical modules. The research involves reflection on this practice, but the reflection is a desktop activity.

## FORMALISATION OF THE APPLICATION

**RESEARCH LEADER**

I have familiarised myself with the University's Research Ethics Review Guidelines and undertake to comply with them. I understand that it is also my duty to inform the University timeously in cases where Serious Adverse Events occur and to take every precaution to avoid these happening.

The information supplied above is correct to the best of my knowledge.

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |

SIGNATURE OF RESEARCH LEADER OR LECTURER

DATE

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

**NOTE: In the case of research for Non-Degree purposes, this signature is not necessary.**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 1 | 1 | 0 | 2 | 0 | 2 | 2 |

SIGNATURE OF RESEARCH CO-LEADER / CO-LECTURER

DATE

(Duplicate this box in the case of more than one)

**RESEARCH ETHICAL APPLICATION FOR REVIEW FORM**

**FOR HUMAN PARTICIPANTS**

## PROPOSAL AND ETHICS APPLICATION RELATED DOCUMENTS

| | **PLEASE TICK OR INDICATE AS "Not Applicable" (N/A)** |
|---|---|
| 1. Research Proposal for umbrella project is attached (Annexure A): | |
| 2. DRIC Chair declaration of approval of project (Annexure B) | |
| 3. Supporting documents for each sub-project (Annexure C): | |
| a. Brief abstract to confirm that the sub-project does correspond to the design of the umbrella project. (Annexure C_1; C_2; Etc.) | |
| 4. Information Leaflet and Informed Consent forms, in English (an accredited translation in the language of the potential participants may be required at a later stage). (Annexure D) | |
| 5. Research instrument such as questionnaires, interview guides and similar documents. (Annexure E_1; E_2; Etc. ) | |
| 6. Letter(s) of permission from relevant bodies (if applicable), named Annexure F_1, F_2 etc | |
| 7. **Did you language edit the application and proposal, i.e. did you check for grammar and spelling errors?** | |
| 8. Description and/or amounts of compensation including reimbursements, gifts or services to be provided to participants (if applicable) | |
| 9. Description for arrangement for indemnity (if applicable) | |
| 10. Description of any financial cost to participant (if applicable) Research budget to be included and source of funding declared. | |
| 11. Description of provision of insurance coverage to participants (if applicable). | |
| 12. Description of steps to be undertaken in case of and adverse event or when injury of harm is experienced by the participants attributable to their participation in the study. | |
| 13. Statement agreeing to comply with ethical principles set out in the VUT Ethics Review Guidelines has been signed. (Part of formalisation of the application on this document) | |
| 14. Approved SOP's of studios or laboratories (if applicable). (Annexure G) | |