



UNDERGRADUATE/HONOURS STUDENT RESEARCH INVESTIGATOR DECLARATION

*The main supervisor, students as well as co-supervisors (where applicable) must sign this declaration.
This application will not be processed unless all the required declarations and signatures are
completed in wet ink or digital signatures. Cut and paste signatures will not be accepted.*

| 1.1 MAIN SUPERVISOR DETAILS | | | |
|---------------------------------------------|--------------------------|-----------------|--------------------------|
| Title, Initials, Surname: | | | |
| Department/Institution: | | | |
| Phone: | | | |
| Email address: | | | |
| 1.2 What is your role in this research? [✓] | | | |
| Principal investigator | <input type="checkbox"/> | Co-investigator | <input type="checkbox"/> |
| Sub-investigator | <input type="checkbox"/> | Supervisor | <input type="checkbox"/> |
| Other: Specify | | | <input type="checkbox"/> |

| PROJECT TITLE <i>(maximum 250 characters for database purposes)</i> |
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2. MAIN SUPERVISOR STATEMENT OF CONFLICT OF INTEREST

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| The Main Supervisor is expected to declare any existing or potential conflict of interest that may affect the scientific integrity and ethical conduct of this research. For purposes of this section, 'immediate family' means the Principal Investigator's spouse or domestic partner and dependent children. Please tick ✓ all that apply. | |
| 2.1 No conflict of interest declared: | <input type="checkbox"/> N/A |
| Neither I, nor any member of my immediate family, have any interest related to this research (e.g. financial interest in the sponsor of the research or intervention being tested.) | <input type="checkbox"/> |
| Neither I, nor any member of my immediate family, have a proprietary interest in the product being tested in this research (e.g. patent, trademark, copyright, licensing agreement). | <input type="checkbox"/> |
| Neither I, nor any member of my immediate family, have any relationships related to this research (e.g. board membership, consultative, executive, employment) or any entity with an ownership interest in the research other than the relationship of sponsor-investigator. | <input type="checkbox"/> |

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| 2.2 Conflict of interest declared: | <input type="checkbox"/> N/A |
| As Supervisor of this research, I am aware of a potential conflict of interest. Please describe and provide a plan to manage the conflict of interest in the space below: | <input type="checkbox"/> |
| | |

3. PROTECTION OF PARTICIPANT PERSONAL INFORMATION

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| Each investigator is responsible to ensure that every reasonable measure is taken to protect the participants' personal information. | |
| The investigators all commit to do the following: | Please tick ✓ all that apply. |
| To deidentify data as specified in the protocol | <input type="checkbox"/> |
| To only process deidentified personal data | <input type="checkbox"/> |
| To only process the data for the purposes for which it was collected as specified in the protocol | <input type="checkbox"/> |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Not to share any data with any party other than the parties specified in the protocol | <input type="checkbox"/> |
| To only keep the data on a secure password protected platform, namely _____ | <input type="checkbox"/> |
| To destroy the research data after _____ years / months (select appropriate). Alternatively, only the de-identified data will be kept securely on a UFS server where it can be made available to researchers who have applied to use the data for a similar project. Source data must not be destroyed. | <input type="checkbox"/> |
| To notify the HSREC (and participants if necessary) if there is any breach in the security of any research data | <input type="checkbox"/> |
| To comply with any corrective measures as recommended by the HSREC in the case of a breach of security of research data | <input type="checkbox"/> |
| To nominate an investigator who will be ultimately responsible for the deidentification, security, sharing and destruction of data, namely _____ | <input type="checkbox"/> |

4. DECLARATIONS AND SIGNATURES

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|------|--|
| 4.1 Student(s) My/our signature(s) confirm that: 1. Information in this application is true and accurate. 2. I/we will begin the research only after HSREC approval is obtained. 3. I/we accept full responsibility for the conduct of this research and the protection of participants' rights and welfare. 4. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in the HSREC's Standard Operating Procedures. 5. I/we acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above. | | | | | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|

| 4.2 Main Supervisor | | | |
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| <p>My signature confirms that:</p> <ol style="list-style-type: none"> 1. The application is ready for submission for ethics clearance. 2. Information in this application is true and accurate. 3. The research has scholarly merit. 4. The level of risk inherent in the study is commensurate with the student researcher(s)'s experience and the extent of oversight that I will provide. 5. I have time, training, experience and resources to oversee this research. 6. The student researcher has adequate training and resources to complete the research in the allocated timeframe. 7. I will meet the student on a regular basis to monitor progress and address any problems that may arise during the study. 8. The research will begin only after HSREC approval is obtained. 9. I accept full responsibility for the conduct of this research and the protection of participants' rights and welfare. 10. I will conduct the research according to all ethical, regulatory and legal requirements stipulated in the HSREC's Standard Operating Procedures. 11. I will ensure that the research undergoes continuing review as required by the HSREC, including annual progress reports, protocol amendments and a final closing report at the end of the research. 12. I will ensure that no research is done prior to final written approval from the HSREC and that should amendments be made to await HSREC approval before proceeding with the proposed changes except when urgently necessary to protect participants' safety. 13. If applicable, I will ensure that I report unanticipated problems or serious adverse events to the HSREC. 14. I will arrange for an alternative faculty supervisor to take responsibility for this research during periods of absence such as sabbatical or annual leave. 15. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above. | | | |
| Signature of Main Supervisor | | | Date |
| Print name | | | |

Note: The Main Supervisor and student researcher(s) are jointly responsible for the ethical conduct of this research from inception to dissemination of findings

| 4.3 Co-supervisor(s) □ N/A | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|------|
| <p>My/our signature(s) confirm that:</p> <ol style="list-style-type: none"> 1. Information in this application is true and accurate. 2. I/we will begin the research only after HSREC approval is obtained. 3. I/we accept full responsibility for the conduct of this research and the protection of participants' rights and welfare. 4. I/we will conduct the research according to all ethical, regulatory and legal requirements as stipulated in the HSREC's Standard Operating Procedures. 5. I acknowledge and concur with all the points under the PROTECTION of PARTICIPANT PERSONAL INFORMATION as above. | | | |
| Name | | Signature | Date |

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|