

**HEALTH SCIENCES RESEARCH ETHICS COMMITTEE**

**APPROVAL FROM UFS AUTHORITIES**

**FOR PARTICIPATION OF STUDENTS/STAFF IN RESEARCH PROJECTS**

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| **Title, Initials, Surname:** |  | **Staff/Student number** |  |
| **Department/Institution:** |  |
| **Phone:** |  | **E-mail address:** |  |
| **Supervisor(s):** |  | **Phone:** |  |
|  |
| **Protocol Title:** |  |
|  |
| **Who will be involved in the study? (tick** ✓**)** | 🞏 UFS Personnel | 🞏 Students |

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| **INSTRUCTIONS:**1. Please attach the following to this form when requesting approval from the signatories:
	1. The study protocol; and
	2. The Health Sciences Research Ethics Committee (HSREC) application form.
 |

1. Kindly note that it is the responsibility of the researcher(s) to ensure that all relevant signatures are obtained before this signed form is returned to HSREC Administration (D104) Francois Retief Building, Faculty of Health Sciences, UFS. The protocol may, however, be submitted for HSREC approval while signatures are being obtained.
2. Please choose either section A **OR** B below.
3. Section C is **mandatory** for all research on campus.

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| 1. **FOR RESEARCH ON UFS STUDENTS AND/OR STAFF FROM A SPECIFIC FACULTY, BOTH THE FOLLOWING SIGNATURES MUST BE OBTAINED:**
 |
| 1. **HEAD OF SCHOOL (IF APPLICABLE):**
 | 🞏 Approved | 🞏 Not Approved |
| **Signature:** | **Date:** |
|  |  |
| Comments: |
|  |
| 1. **DEAN OF FACULTY:**
 | 🞏 Approved | 🞏 Not Approved |
| **Signature:** | **Date:** |
|  |  |
| Comments: |
|  |

**OR**

|  |
| --- |
| 1. **FOR RESEARCH ON INTERFACULTY UFS STUDENTS AND/OR STAFF AND/OR STUDENTS IN UFS RESIDENCES, THE FOLLOWING SIGNATURE MUST BE OBTAINED:**
 |
| 1. **DEAN: STUDENT AFFAIRS**
 | 🞏 Approved | 🞏 Not Approved |
| **Signature:** | **Date:** |
|  |  |
| Comments: |
|  |

**AND**

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| --- |
| 1. **ALL RESEARCH ON STUDENTS AND/OR STAFF TO BE APPROVED BY:**
 |
| 1. **VICE-RECTOR: RESEARCH**
 | 🞏 Approved | 🞏 Not Approved |
| **Signature:** | **Date:** |
|  |  |
| Comments: |
|  |