

**GUIDELINES TO COMPLETE THE ETHICS APPLICATION**

**APPLICATION**

- CHOOSE 'PI' FROM THE DROP-DOWN MENU NEXT TO YOUR NAME BELOW AND THEN CLICK ON THE YELLOW + ICON TO ADD YOUR SUPERVISOR'S NAME AND CHOOSE THE CORRECT ROLE FOR THEM.

**APPLICATION**

**ALL PAGES**

**GUIDELINES TO COMPLETE THE ETHICS APPLICATION**



**IMPORTANT:**

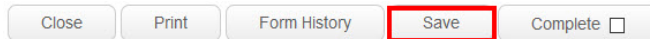


**If you exit this application then you may not know how to find it again. Follow these steps to re-enter the form:**

- Log into your RIMS profile
- Click on "Locate My Records" at the top of the screen
- Click on your record number > Edit > Initial Application



**All questions marked by a red asterisk are mandatory and MUST be completed. Text must be entered or an option must be chosen from the picklist/menu. You cannot complete the form if all these questions are not answered.**



**It is VERY IMPORTANT to save regularly while you are filling out this form by clicking on the SAVE button in the panel at the top of the form, or you could lose all of your data! Tick the COMPLETE checkbox next to the save button once all mandatory questions are completed.**



**If you leave this form idle for longer than one hour then the system will log you out automatically. Please remember to SAVE before you leave your computer and then rather log out of RIMS and then back in again later. You can then re-enter your form as described above.**

***For Honours students collecting data for research the supervisor must act as the Principal Investigator and fill out the application on behalf of the student/students.***

***Honours students doing Desk/Literature studies must fill out their own application as Principal Investigator.***

**Questions in this e-form which must be answered by entering text must please be done in language that can be easily understood by laypersons and must be summarised as far as possible; providing sufficient information, while not being overly technical or containing references etc.**

Principal Investigator details (your details will display automatically below)

PI  
 Mashamba, Mpho Livingstone ML  
**Department** FS Centre for Human Rights Department (Bloemfontein Campus)  
**Employee/Student ID** UFS\_2009150950  
**Email** mashamm41@gmail.com  
**Phone** 0837153698

**Please make sure that the PRINCIPAL INVESTIGATOR'S department is NOT displaying as "RESEARCH DEVELOPMENT" above**

\* Take a good look at the details above of the PRINCIPAL INVESTIGATOR. Yes  No   
Confirm if the Associated Department (Department where your study is being done) and all other details above display correct (e.g. phone, email address etc.) ?

**AFFILIATION**

\* Are you doing your research through CUT (Central University of Technology, Bloemfontein)? Yes  No

**Researcher Status**

\* What is your Academic Status? Select from  the list

\* Do you have a Supervisor / Study Leader for this study? Yes  No

**Submission Type**

\* **Select the applicable research field / submission type. (Click on the drop-down menu and select from list)**

\* **Select: This is an application for:**

*You must click on the yellow + icon below to add your supervisor!*

CHOOSE 'PI' FROM THE DROP-DOWN MENU NEXT TO YOUR NAME BELOW AND THEN CLICK ON THE YELLOW + ICON TO ADD YOUR SUPERVISOR'S NAME AND CHOOSE THE CORRECT ROLE FOR THEM.

---



\* Name

Kilian, Willem W

\* Role

Supervisor / Study Leader

\* Name

Mashamba, Mpho Livingstone ML

\* Role

PI

## APPLICATION

### Guidelines

Please familiarise yourself with the Guidelines by clicking on this purple link: [Ethics Clearance Guidelines](#)

Please read the Ethics Clearance Guidelines for Researchers before completing this application. Complete all sections and attach all necessary documents as indicated - incomplete applications will not be reviewed and may delay the approval process. Please feel free to contact the Faculty Coordinator/RIMS office listed below for more information or further assistance and advice in this regard.

**Beverley Wilcock, Email: [wilcockb@ufs.ac.za](mailto:wilcockb@ufs.ac.za), Tel: +27(0)51 401 2029**

### Project Details

Project Title  
title

**Researchers are required to submit all research applications for REC approval before commencement of research. Ethics approval is given to project proposals for a period of a year, after which the PI must submit a continuation review report.**

\* Estimated data collection time (e.g. 1 Year, 3 months etc). Explain

Have you already commenced with data collection?  Yes  No\* I agree to not begin with data collection until this application has been approved by the ethics committee.

Date of Submission

\* Is this an umbrella project that has sub-projects linked to it (e.g. multiple honours student / research projects with different titles and protocols) Yes  No

### Internal Collaborators

\* Are there any other internal UFS collaborators who are participating in this research? Yes  No

### External Collaborators

\* Are there any external collaborators who are participating in this research? No

### Locations (Please note you need to click on the yellow + to add possible locations for your study)

* Select the primary location where the study will be carried out	
Schools	

Describe the location/s

\* Use the text area below to indicate the location where you will be collecting data if the location was not listed in the pick list above and you had to chose 'Other'. If you chose a location from the pick list such as 'rural area' or 'hospital' then please use the text area to specify the location further e.g. exactly where/which rural area etc. Otherwise enter 'Not Applicable'.

### Research Problem/Module Purpose

\* Research Problem (not more than 150 words)

### Research Questions

\* Give the overarching research question/s of the study

### Aim and Objectives of Study/ Module Outcomes

\* Aim and Objectives of Study (not more than 150 words)

### Research Design/ Module Design

\* Provide a brief DESCRIPTION OF RESEARCH DESIGN, including procedures and methodology (not more than 300 words)

### Summary/ Module Summary

\* Give a brief description of the research in one short paragraph, not more than 150 words

**Data Collection method/s** (Please note you need to click on the yellow + to add different methods)

* What data collection method will be used? Select from list	
Interview	

**Any other collection methods not mentioned above?**

Other collection method/s? Explain in detail  
Semi-structure interviews

**Keywords** (Please note you need to click on the yellow + to add keywords)

* Select the most appropriate keywords (one at a time) related to your study from the list and then (Click on the SAVE button on the left menu to see the selected words on the e-form)	
OTHER (ANY/ALL DISCIPLINES)	

**Other related keywords not in the list? Please indicate**

Other keywords

**Research Participants**

\* Do you intend to use any human research participants in your study? Yes  No

**Category of Participants**

Please tick the appropriate boxes below:

\* Adults Yes  No

\* Minors below 18 years Yes  No

**Research Participants Population**

**Please indicate the population group/s and gender/s of the research participants** (Click on the yellow + to add population groups)

* Population: Indicate the population group by clicking on the black pencil icon and selecting from the list	* Gender
Employees	-All types & genders (no differentiation)

**Other Population Group/s (not mentioned in list)**

If you have selected 'Other' in the populations pick list above, please specify which population group/s are applicable in the text area below:

**Please indicate the age group/s that the research participants fall under** (Click on the yellow + to add age group/s)

* Age Group (please select from the list)	
18 up to 35 years	
35 up to 65 years	

**Please indicate the consent process/es that will be used for research participants** (Click on the yellow + to add consent process/es)

* Consent Process (please select from the list)	
Written Informed Consent	

**Research Participants: Additional info**

***Note that it is possible you may involve participants not realizing they form part of one of the groups. Your planning should always take this into account along with strategies to deal with this should a crisis arise ( e.g should one of your participants confide in you that they have been raped/abused).***

\* Provide information justifying and detailing your intention to involve the mentioned group/s in your research, as well as detailing extra precautions taken to protect vulnerable subjects

\* Estimated number of participants / records etc. to be used in the research? (Fill in Numeric value only on the line below)

\* Any other distinguishing characteristics for inclusion or exclusion? Please explain

\* Will deception in any form be practiced against the research participants during the course of the research Yes  No

**How will prospective participants be recruited?**

\* Brochure/ Flyer:  Yes  No

\* Poster:  Yes  No

\* Public Media Advert:  Yes  No

\* Telephonic recruitment:  Yes  No

\* Physical referral:  Yes  No

\* Direct e-mail:  Yes  No

\* Third party e-mail:  Yes  No

\* Verbal invite:  Yes  No

\* Third party verbal invite:  Yes  No

\* Other method:  Yes  No

Note: Third party refers to an individual / organisation not directly involved in the research

**Risk mitigation**

**What kind of risk factor may be foreseen for general participant involvement?**

\* Emotional distress Yes  No

\* Personal or Cultural embarrassment Yes  No

\* Breach of confidentiality Yes  No

\* Economic harm Yes  No

\* Legal Jeopardy Yes  No

\* Physical pain or injury Yes  No

\* Reputation harm Yes  No

\* Loss of work time / study time Yes  No

\* Negative impact on professional / personal relationships Yes  No

\* Possible unfulfilled expectations by participants Yes  No

\* Participants may include children or young people (under 18 years of age) without parental consent. Yes  No

\* Participants may include those who are unable to give informed consent and consent will only be obtained at a later stage.  Yes  No

\* Collection, use or disclosure of personal information from an organisation without consent of the participant.  Yes  No

\* Collection, use or disclosure of personal information from a private sector organisation without consent of the participant.  Yes  No

\* Audio-visual recording of participants which may be of a sensitive or compromising nature. Yes  No

\* Research involving the deception of participants, concealment or covert observation. Yes  No

\* Participants will be offered payments or inducements to encourage their involvement in the project. Yes  No

\* Other? Yes  No

\* **Specify any risks to the researchers themselves and steps taken in this regard**

none

*Your planning should indicate how foreseeable crisis situations will be dealt with, for example, should an interviewee admit to criminal activity during a confidential interview, what procedure will be followed.*

\* **Is there any chance for a potential conflict of interest to arise in this research project? (e.g. evaluating a programme that you are part of; evaluating your own students 'success'; doing research on a question directly related to your employer, etc.)** Yes  No

**Third Party Data**

\* Will data on research participants be accessed via a third party (e.g from school or doctor?) Yes  No

**Confidentiality**

**Note that security of sensitive or confidential data is your personal responsibility. In the event of theft of sensitive, identifiable data, you will need to disclose risks to participants and your security precautions may be scrutinized by authorities. Please do not take this lightly.**

\* Will electronic data be secured on a password protected computer, drive or server?

\* Will hardcopies of data be securely locked away in a cabinet and office?

\* Can participants be identified by inference within the published research findings? Yes  No

#### Impact of Research

\* Please state, who will benefit from this this research, and how will they draw benefit from the research

#### DECLARATION BY APPLICANT

*I certify that all researchers involved in this research project have thoroughly examined the 'Ethical Clearance Guidelines for Researchers' document and have agreed to abide by this code of conduct in their research.*

*I am aware of the relevant health authority and legal requirements associated with the research to be conducted and will undertake to ensure no illegal activities are engaged in with regards to this research.*

*I declare that all information provided by me in this application is true and honest and that I will abide by undertakings I have provided in this application.*

*I agree to keep the Research Ethics Office of the Faculty updated on any changes or adjustments to the research procedures and to obtain written approval before engaging in said changes.*

\* **I have read and agreed to the above stipulations**

\* **I acknowledge that entering my name on this form is the equivalent of my signature**

Date:

#### PROJECT FUNDING & SPONSORS

\* Is this project funded or will a grantor / third party, sponsor the study?

**University of the Free State**

205 Nelson Mandela Ave, Park West, Bloemfontein, 9301

PHONE: +27(0)51 401 9451 FAX: +27(0)51 401 2096

[www.ufs.ac.za](http://www.ufs.ac.za)

[Institution Home](#)