

**EXEMPTION FROM ETHICS REVIEW APPLICATION FORM: 2014**

**(BIOMEDICAL RESEARCH ETHICS COMMITTEE)**

**Preamble**

Research studies that qualify for exemption from ethics review include those based solely on review of *materials available in the public domain* such as:

- Newspapers, websites, magazines, public reports, public statements, films, television programs, public performances, public exhibitions, public speeches

- Published works, systematic reviews, literature reviews, collective reviews

- Archived materials that are available in the public domain

Studies involving the *review of archived materials that are confidential* (e.g. hospital/ clinic case notes, medical records) must be ethically reviewed and are **not** exempt (although they may qualify for expedited approval). Studies of closed social media sources require ethics review.

Studies involving the review of departmental/institutional statistics (employees, clients, patients, service providers and users) service records etc. must be ethically reviewed and are usually **not** exempt.

Studies that employ *additional methods* involving direct contact with human participants such as interviews, focus groups etc. over and above or in addition to review of materials in the public domain are **not** exempt.

Exemptions can only be issued by the REC chair and not by the applicant or another third party.

Any amendment to the protocol must be re-submitted for ethics approval prior to implementation.

 Updated: 05 May 2014

**PLEASE NOTE THAT THE FORM MUST BE COMPLETED IN TYPED SCRIPT. HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED**

# SECTION 1: PERSONAL DETAILS

**1.1 Surname of Applicant :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 First names of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.3 Title (Ms/ Mr/ Mrs/ Dr/ Professor etc) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.4 Applicant’s Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 Applicant’s Race (African/

Coloured/Indian/White/Other) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.6 Student Number (where applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff Number (where applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7 School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.8 College : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.9 Campus : ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.10 Existing Qualifications : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.11 Proposed Qualification for Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (In the case of research for degree purposes)

**2.** **Contact Details**

 Tel. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal address (in the case of

Students and external applicants) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. SUPERVISOR/ PROJECT LEADER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | TELEPHONE NO.  | EMAIL | **SCHOOL / INSTITUTION**  | QUALIFICATIONS |
| 3.1  |  |  |  |  |
| 3.2  |  |  |  |  |
| 3.3  |  |  |  |  |

### SECTION 2: PROJECT DESCRIPTION

* 1. **Project title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.2 Questions to be answered in the research**

(Set out the critical questions which you intend to answer by undertaking this research.)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.3 Research approach/ methods**

Please indicate in detail all sources of data to be collected

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: FORMALISATION OF THE APPLICATION**

**APPLICANT**

|  |
| --- |
| I have familiarised myself with the UKZN Research Ethics Policy and undertake to comply with it. The information supplied above is correct to the best of my knowledge. |
| **DATE: …………………………… SIGNATURE OF APPLICANT ……………………………………..**  |

**SUPERVISOR/PROJECT LEADER/DISCIPLINE ACADEMIC LEADER**

|  |
| --- |
| **DATE: ……………………………………..****SIGNATURE OF SUPERVISOR/ PROJECT LEADER/DISCIPLINE LEADER** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **RECOMMENDATION OF POSTGRADUATE POSTGRADUATE, HIGHER DEGREES AND RESEARCH COMMITTEE** |
| The application is (please tick):

|  |  |
| --- | --- |
|  | Recommended and referred to the Biomedical Research Ethics Committee (BREC) for further consideration  |
|  | Not Approved, referred back for revision and resubmission  |

**NAME OF CHAIRPERSON:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE ………………………………………** |

|  |
| --- |
| **RECOMMENDATION OF UNIVERSITY RESEARCH ETHICS COMMITTEE (BIOMEDICAL RESEARCH ETHICSCOMMITTEE)** |
| The application for Exemption is (please tick):

|  |  |
| --- | --- |
|  | Approved by Chairperson |
|  | Not Approved. Sent back for further clarification and resubmission |

**If approved, the BREC Exemption Number to be recorded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NAME OF CHAIRPERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE...………………………………………** |