**UNIVERSITY OF KWAZULU-NATAL**

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

**(HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE)**

**Preamble**

Research studies that qualify for exemption from ethics review include those employing the method of 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/fora 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.

The status of a study’s ethics review exempt status can only be made 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.

Updated: 04 April 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, your sources of data to be collected

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**SECTION 3: FORMALISATION OF THE APPLICATION**

**APPLICANT**

|  |
| --- |
| I have familiarised myself with the University’s Code of Conduct for Research 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**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- |
| **RECOMMENDATION OF SCHOOL RESEARCH ETHICS COMMITTEE/HIGHER DEGREES COMMITTEE** |
| The application is (please tick):   |  |  | | --- | --- | |  | Recommended and referred to the Human and Social Sciences Ethics Committee for further consideration | |  | Not Approved, referred back for revision and resubmission |   **NAME OF CHAIRPERSON:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE ………………………………………** |

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| --- |
| **RECOMMENDATION OF UNIVERSITY RESEARCH ETHICS COMMITTEE (HUMAN AND SOCIAL SCIENCES)** |
| The application for Exemption is (please tick):   |  |  | | --- | --- | |  | Approved by Chairperson | |  | Not Approved. Sent back for further clarity and resubmission |   **If approved, the Exemption Number to be recorded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME OF CHAIRPERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE...………………………………………** |