**Application Form for Ethics Review for Social Sciences and Humanities**

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| OFFICE USE ONLY |
| FILE NO |

# APPLICATION FOR ETHICAL REVIEW IN SOCIAL SCIENCES AND HUMANITIES

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| A: RESEARCH/PROJECT TITLE AND THE TIME FRAME |

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| **A I. RESEARCH TITLE / AREA OF RESEARCH** |

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| **A 2.PERIOD FOR WHICH APPROVAL IS SOUGHT** |

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| DATE OF COMMENCEMENT FOR DATA COLLECTION | DAY/MONTH/YEAR |
| EXPECTED DATE FOR COMPLETING DATA COLLECTION |  |
| EXPECTED DATE FOR COMPLETION OF THE RESEARCH STUDY/ PROJECT |  |

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| B: INVESTIGATOR/S |

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| **INSTITUTIONAL AFFILIATION** |

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| **B 1.PRINCIPAL RESEARCHER** |

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| --- | --- |
| NAME |  |
| DEPARTMENT |  |
| EMAIL |  |
| PHONE/FAX |  |

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| **B 2. CO RESEARCHERS/ ASSISTANTS** |

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| NAME | 1. | 2. | 3. |
| INSTITUTIONAL AFFILIATION/S / DEPARTMENT |  |  |  |
| EMAIL |  |  |  |
| PHONE/FAX |  |  |  |

USE ADTIONAL SHEETS IF NECESSARY

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| **B 3. RESEARCHING WITH VULNERABLE GROUPS** |

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| DOES YOUR RESEARCH INVOLVE POTENTIALLY VULNERABLE SOCIAL GROUPS?\* | YES: NO: |
| IF YES, HAS/ HAVE THE RESEARCHER / CO RESEARCHERS BEEN ASKED TO PROVIDE A CLEARANCE RECORD FOR CRIMINAL HISTORY?\*\* | YES: NO: |

\*children, women, people with disabilities, people with psycho -social issues, sexually marginalized populations etc.

\*\*in case the researcher/s’ work with a group presents a conflict of interest or danger to informants.

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| ALL CO-RESEARCHERS/ ASSISTANTS HAVE READ THE RELATED DOCUMENTS AND ARE IN AGREEMENT TO ABIDE BY AFRERC’s GUIDELINES. |
| SIGNATURE……………………………………………………………………… DATE………………………………………. |
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| C: Post graduate students/ undergraduate students |

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| **C 1.PRINCIPAL RESEARCHER** |

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| POST GRADUATE STUDENT | UNDERGRADUATE STUDENT | | |
| FRIST NAME: | FAMILY NAME: | | |
| UNIVERSITY: | | | |
| DEGREE ENROLLED IN: | | | |
| REGISTRATION NUMBER: | | | |
| NAME OF SUPERVIOSRS/S: | | | DEPARTMENT/FACULTY:  ORGANISATION: |
| POSTAL ADDRESS(STUDENTS ONLY) : | | | |
| PHONE: | | EMAIL: | |

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| **C 2. SUPERVISOR/S** |

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| DESIGNATION: | TITLE: |
| FIRST NAME: | FAMILY NAME: |
| DEPARTMENT/FACULTY: | ORGANISATION \*: |
| POSTAL ADDRESS: | |
| PHONE: | EMAIL: |
| COPIES OF CORRESPODENCE REQUIRED YES NO | |
| RESERCH TOPIC APPROVED YES NO | |
| SIGNATURE /S | |

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| D: RESEARCH/PROJECT DETAILS |

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| **D 1. BRIEF DESCRIPTION OF THE RESEARCH/PROJECT** |

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| **D 2. SIGNIFICANCE OF THE STUDY** |

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| **D 3. OBJECTIVES OF THE STUDY** |

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| 2. |
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| 4. |
| 5. |

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| **D 4. MEDICAL OR HEALTH RELATED RESEARCH** |

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| IS THE RESEARCH RELATED TO MEDICAL OR HEALTH MATTERS? |  |
| IN WHAT FORM WILL THE PRIVATE INFORMATION BE COLLECTED? |  |
| IF INFORMATION IS SOUGHT FROM AN INSTITUTION, THE NAME OF THE INSTITUTION |  |
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| E: RESEARCH/PROJECT METHODS/METHODOLOGY |

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| **E 1. TYPE OF DATA** |

PRIMARY DATA:

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| --- | --- | --- | --- |
| QUANTITATIVE | YES/NO | QUALITATIVE | YES/NO |
| QUESTIONNAIRE |  | ETHNOGRAPHY |  |
| FOCUS GROUP |  | CASE STUDIES |  |
| EXPERIMENT |  | UNSTRUCTURED INTERVIEWS |  |
| LAB RESEARCH |  | ORAL HISTORY |  |
| STATISTICS |  | PARTICIPATORY OBSERVATION |  |
| ELECTRONIC |  | ELECTRONIC |  |
| OTHER | PLEASE STATE: | OTHER | PLEASE STATE: |

AUDIO/VIDEO/OBSERVATION:

|  |  |
| --- | --- |
| WILL PARTICIPANTS BE RECORDED OR OBSERVED USING ONE OR SEVERAL OF ABOVE TECHNIQUES? | GIVE A BRIEF DESCRIPTION OF WHAT WILL BE RECORDED/OBSERVED |
| IF SO PLEASE STATE WHICH |  |

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| **E 2. SECONDARY DATA** |

GIVE A BRIEF DESCRIPTION ABOUT THE SECONDARY SOURCES THAT WOULD BE USED TO GATHER DATA (BOOKS, JOURNALS, NEWSPAPERS ETC.).

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| **E 3. DATA TRANSCRIPTION /TRANSLATION** |

EXPLAIN WHO WILL BE TRANSCRIBING/ TRANSLATING THE DATA AND HOW THE CONFIDENTIALITY IS ENSURED IF DATA IS TRANSCRIBED /TRANSLATED BY SOMEONE OTHER THAN THE RESEARCHER/S. IF A LETTER OF AGREEMENT OF CONFIDENTIALITY PRODUCED PLEASE PROVIDE A COPY.

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| **E 4. STORAGE OF DATA** |

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| IN WRITTEN FORM |  |
| AUDIO |  |
| VIDEO |  |
| COMPUTER |  |
| OTHER |  |

DESCRIBE THE NATURE OF THE LOCATION AND THE FORM OF DATA STORAGE AND HOW LONG DATA WILL BE STORED:

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DOES THE RESEARCHER INTEND TO LET OTHER RESEARCHERS USE THE DATA IN FUTURE RESEARCH? IF SO HAS CONSENT BEEN OBTAINED FROM PARTICIPANTS/ INSTITUTIONS? IF YES , PLEASE PROVIDE A COPY OF THE CONSENT LETTER.

WHAT ARE THE MEASURES TAKEN TO PROTECT THE ANONYMITY AND CONFIDENTIALITY OF DATA IN STORAGE?

EXPLAIN

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| **E5. PUBLICATION OF DATA** |
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| **WILL RESEARCH BE INTENDED TO BE PUBLISHED?** | **YES:**  **NO:** | **IN WHAT FORM?** |

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| F: PARTICIPANT INFORMATION |

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| **F 1.. PARTICIPANTS INFORMATION:** |

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| DESCRIBE THE PARTICIPANTS?\* |  |
| THE NUMBER OF PARTICIPANTS |  |
| INSTITUTIONAL AFFILIATION |  |
| WHAT THE PARTICIPANTS WILL BE ASKED TO DO |  |
| IN WHAT PLACE WILL YOU BE MEETING THE PARTICIPANTS? |  |
| HAVE YOU OBTAINED INSTITUTIONAL CONSENT FOR MEETING PARTICIPANTS? |  |
| ARE PARTICIPANTS INCIDENTAL (PUBLIC FIGURES/FAMILY/FRIENDS ETC.) ? |  |

\* JUST PROVIDE A COMMON IDENTITY SUCH AS WOMEN, ELDERLY PEOPLE ETC.

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| **F 2. SELECTION** |

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| **PARTICIPANT TYPE** |  |
| **BASIS FOR SELECTION** |  |
| **METHOD OF SELECTION** |  |
| **IN WHAT COMPONENT OF THE STUDY ARE THEYINVOLVED ?** |  |
| **AGE GROUP OF THE PARTICIPANTS** |  |
| **HAS INFORMATION BEEN PRESENTED IN A MANNER THAT IS CLEAR TO THE PARTICIPANTS?** |  |
| **DO PARTICIPANTS HAVE THE ABILITY TO GIVE CONSENT OR NOT? (PLEASE EXPLAIN)** |  |
| **\*IN AN EVENT OF LANGUAGE ISSUE, WHAT METHOD WILL BE EMPLOYED?** |  |
| **DO PARTICIPANTS BELONG TO A SPECIFIC RELIGIOUS/CULTURAL /ETHNIC GROUP?** |  |
| **DO PARTICIPANTS HAVE DISABILITIES/SPECIAL NEEDS? IF SO PLEASE EXPLAIN** |  |

\*IF PARTICIANTS HAVE SPEECH DIASBILITIES OR TRANSLATION IS NEEDED

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| **F 3. PARTICIPANT CONTACT** |

PLEASE GIVE A BRIEF DESCRIPTION OF HOW PARTICIPANTS WERE INTRODUCED TO YOU AND HOW THEIR DETAILS WERE OBTAINED:

1. DIRECT CONTACT (FACE TO FACE OR OVER THE PHONE):

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1. ELECTRONIC CORRESPONDENCE:

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| **F 4. INFORMATION PROVIDED TO PARTICIPANTS** |

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|  | YES/NO | WHEN |
| CONSENT FORM |  |  |
| LETTER OF INTRODUCTION |  |  |
| INFORMATION SHEET |  |  |
| FEEDBACK INFORMATION |  |  |
| DE-BRIEFED |  |  |
| EMAIL |  |  |

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| **F 5. CONFIDENTIALITY AND ANONYMITY** |

IF CONFIDENTIALITY AND ANONYMITY ASSURANCE IS TO BE GIVEN TO PARTICIPANTS, PLEASE EXPLAIN IN DETAILS WHAT THE PROCEDURE IS.

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| **F 6. PERMISSION** |

IF PERMISSION IS REQUIRED TO RECRUIT / CONDUCT PEOPLE TO OBTAIN WRITTEN DATA PLEASE PROVIDE DETAILS HERE AND PROVIDE A COPY OF THE PERMISSION FORM.

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| **F 7. QUESTIONNAIRES** |

IF PARTICIPANTS ARE ASKED TO FILL A QUESTIONNAIRE INDICATE THE PROCEDURES TAKEN TO ENSURE CONFIDENTIALITY AND THE SECURE RETURN OF QUESTIONNAIRES TO THE RESEARCHER.

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| **F 8. POTENTIAL RISKS OR BURDENS** |

1. EXPLAIN IF YOUR STUDY MAY CAUSE RISKS/ BURDENS TO PARTICIPANTS/ INCIDENTAL PERSONS/ A PARTICULAR COMMUNITY (POSSIBILITY OF DISTRESS OR STRESS/ POSSIBILITY OF REVEALING IDENTITY / DISCLOSURE OF ILLEGAL ACTIVITIES/ CULTURAL OR SOCIAL THREATS ETC.)

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1. IF SO EXPLAIN HOW THE RESEARCHER/S WILL RESPOND TO POSSIBLE RISKS OR BURDENS.

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| **F 9. REWARDING PARTICIPANTS/INSTITUTIONS** |

IF THE RESEARCHER IS INTENDING TO REWARD THE PARTICIPANTS OR AN AFFILIATED INSTITUTION/ORGANISATION PLEASE INDICATE WHAT TYPE OF REWARD (MONETARY /MATERIAL) REWARD WILL BE GIVEN AND WHY.

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| G: FUNDING INFORMATION |

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| **IS THE RESEARCH BEING FUNDED OR WILL FUNDS BE APPLIED FOR?** | **YES: NO:** |
| **IF YES PROVIDE DETAILS OF THE FUNDING AGENCY AND GRANT NUMBER** |  |

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| H: SIGNATURES |

I/ WE WHOSE SIGNATURES APPEAR BELOW UNDERTAKE TO:

1. INFORM AND GIVE REASONS TO AFRERC IF THE RESEARCH IS POSTPONED OR DISCONTINUED
2. REPORT TO AFRERC IF :
3. ANY SERIOUS OR ADVERSE EFFECTS ON PARTICIPANTS
4. CHANGE IN RESEARCH TEAM
5. CHANGE IN METHODS AND METHODOLOGY
6. ANY UNFORESEEN EVENT/S THAT AFFECT ETHICAL ACCEPTABILITY OF THE STUDY
7. TO MAINTAIN THE SECURITY OF DATA GATHERED
8. TO BE ABIDE BY ANY DECISIONS / CONDITIONS/ RECOMMENDATIONS OF AFRERC ON GIVING ETHICAL APPROVAL

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| PRINCIPAL RESEARCHER’S SIGNATURE: |  | DATE: |  |
| CO INVESTIGATOR 1 : |  | DATE: |  |
| CO INVESTIGATOR 2 : |  | DATE: |  |
| CO INVESTIGATOR 3 : |  | DATE: |  |