**APPLICATION FORM**

1. This form is for use of initial review and resubmission.
2. Please fill in whenever appropriate.

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| **SECTION A: RESEARCH INFORMATION** | | |
| **Research Title** | |  |
| **Date of Submission** | |  |
| **SECTION B: RESEARCHER INFORMATION** | | |
| **B1. PRINCIPAL INVESTIGATOR** | | |
| **Name** | |  |
| **Designation** | |  |
| **Affiliation** *(full address)* | |  |
| **Email address** | |  |
| **Contact number** | |  |
| **Category** | | * UniSZA Academic Staff (Lecturer) * UniSZA Postgraduate Student (Master/Doctorate) * UniSZA Undergraduate Student * UniSZA Non-Academic Staff * Non-UniSZA (*Please specify*: ……………………………………..…….) |
| **B2. CO-RESEARCHERS** | | |
| **Name and Institutional Affiliation**  *e.g. Dr. Ahmad bin Ali (Faculty of Medicine, UniSZA)* | | 1.  2.  3. |
| **B3. SUPERVISOR (*for undergraduate or postgraduate application*)** | | |
| **Name** | |  |
| **Designation** | |  |
| **Affiliation** | |  |
| **Email address** | |  |
| **Contact number** | |  |
| **Signature and Official Stamp** | |  |
| **SECTION C: APPLICATION INFORMATION** | | |
| **Type of Submission** | * Initial Review * Resubmission   (*Version and date of version must be inserted as a document footer in proposal for all resubmissions)* | |
| **Category of Study** *(applicant may choose more than one)* | * Randomized Controlled Trial * Non-randomized Clinical Trial * Non-randomized Community Trial * Observational Studies (Hospital-Based) * Observational Studies (Community-Based) * Diagnostics Test Studies * Human Genetic Studies * Laboratory Based Studies (involving new human tissue) * Laboratory Based Studies (involving archived human tissue) * Studies using existing/secondary data * Studies using self-administered or guided questionnaires * Qualitative Studies * Others (*Please specify*: ……………………………………..…….) | |
| **Purpose of Study** | * Academic requirement (Undergraduate)   Please underline: Final Year Project, Program Project, Elective, Industrial Training, Others (…………………………………………)   * Academic requirement (Postgraduate) * Researcher Initiated Research (with Grant,   **(*Please specify the funding body and attach grant approval letter*)** ……………………………………...…………………………………..)   * Researcher Initiated Research (without Grant) * Contract Research (with pharmaceutical companies/ industries) * Multi-institutional/ International Collaboration   (*Please specify the institutions involved*: …………………………………)   * Others (*Please specify*: ……………………………………..…….) | |
| **Study Duration** | Start Date: ………………. End Date: ………………  (Total Duration: ……….. months) | |
| **Study Site(s)**  (*Place where the study will be conducted. Please list ALL sites*) | 1.  2. | |
| **Involvement of Vulnerable Groups** | * Not involving special populations or vulnerable groups * Children (under 18) * Indigenous people * Elderly * People on welfare/social assistance * Poor and unemployed * Homeless persons * Refugees or displaced persons * Prison inmates or other institutionalized individuals * Subordinates * University students * Patients currently under your care * Patients in emergency care * Patients with incurable diseases * Others (*Please specify*: ……………………………………..…….) | |
| **Ethical Approval Obtained from Other Bodies** | * Approved   Name of Institutional Review Board or Ethics Review Committee:  ……………………………………………………………………………  Date of ethics approval: …………………………  Date of expiration of ethics approval: ………………………………..  **Purpose of UHREC application**: ………………………………….  ……………………………………………………………………………   * In process * Not applicable | |
| **SECTION D: DECLARATION BY APPLICANT** | | |
| **Conflict of Interest** | * I have no conflict of interest in any form * I have personal/family/financial interest in the results of the study   (Please specify: ………………………………………………………..)   * I have proprietary interest in the research (patent, trademark, copyright, licensing)   (Please specify: ………………………………………………………..) | |
| **Submitted by** | Name: …………………………………………………………………….……  Designation: ………………………………………………………………….  Role in research: ……………………………………………………………. | |
| **Principal Investigator Signature and Official Stamp** |  | |