**APPLICATION FORM**

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

|  |
| --- |
| **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** |  |