Reference: DSD/11/2/2/2/REC

Enquiries: DSD.REC-Ethics@westerncape.gov.za

# RESEARCH APPLICATION FORM FOR SUBMISSION TO THE RESEARCH ETHICS COMMITTEE

***Instructions:***

- ***Please consult the DSD website for information regarding the REC's Quarterly Meeting dates and time frame for the submissions of applications. Kindly note that applications must be submitted six weeks before the next available meeting of the REC.***
- ***Before completing this form, please consult the Department's Research Ethics Policy that can be obtained from its external website or from the REC Secretariat.***
- ***When completing the form, please note the following:***

- This form caters for research carried out by a team or individual
- Mark with an X where applicable
- Please attach the following documents to your application
    a) A complete research proposal and research instruments
    b) A copy of your ID / Passport(s)
    c) Current proof of registration from the institution where you are studying (if student)
    d) Ethical clearance letter from the institution regulating your research
    e) The Access Request form indicating in which Region, Facility or Programme you intend collecting data
    f) A copy of your bursary contract if you are in receipt of a bursary from the Western Cape Government
    g) A copy of your PAIA application if relevant

- Some personal information may be requested as part of an application to the REC. Should you agree to provide relevant personal information, it will be processed and safeguarded in accordance with the provisions of Popia. More information can be obtained at https://www.westerncape.gov.za/assets/departments/social-development/popia_dsd_privacy_notice_202230.03.22_final.pdf

- Applications must be submitted via email to the REC Secretariat at DSD.REC-Ethics@westerncape.gov.za

## 1. INFORMATION REGARDING THE RESEARCHER/S

For research conducted by an individual (NOTE: If the research is being conducted by a team of individuals, details of the team leader should be included here)

Title: _____ Surname: _____ Initial: _____

Full Name (s): _____ ID Number: _____

Country of Origin _____ If not a S.A. Citizen, Passport No: _____

Address: _____

_____

Contact number: _____

E-mail address: _____

Details of other team members if the research is being conducted by a team

| Surname | Initial | ID/Passport no: | Highest Qualification Obtained | Role in the research study |
|---|---|---|---|---|
| | | | | |
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## 2. RESEARCH AREA AND AIMS

| **Title of the Proposal:** |
|---|
| |

| **Key Aims of your research:** |
|---|
| |

Is the proposed research required to obtain a formal qualification?

| **YES** | **NO** |
|---|---|
| | |

If yes, specify field of study _____

If No, stipulate purpose of research _____

Has this research proposal been submitted to any other Ethical Review Committee? Yes/No

If so, list which institutions and any reference numbers?

_____

_____

What were the outcome(s) of these applications?

_____

_____

If your request was previously declined, what reasons were provided?

_____

_____

Will the findings of your research be published and disseminated?

| **YES** | **NO** |
|---|---|
| | |

If yes, where will the findings be published and how will it be disseminated?

_____

_____

## 3. DETAIL OF YOUR REQUEST TO THE DEPARTMENT

Please indicate below what you are requesting from the DSD in terms of your proposed research process and methods? (T*he information provided below may differ from the information in your research proposal. For example: your sample size may be 300 for all participants; but you are requesting 30 from the DSD.)*

| **Nature of Request** | **Specifics** |
|---|---|
| Access to personal Information of DSD clients and staff (i.e., contact details of staff and clients) | |
| Access to DSD records (i.e. case files, registers) | |
| If yes, have you made a PAIA application? | |
| Access to DSD Beneficiaries | |
| Access to DSD Officials (i.e. staff categories and number; which Region, Facility, Programme?) | |
| Assistance with the recruitment and selection of participants? | |

## 4. POLICIES AND LEGISLATION RELEVANT TO YOUR REQUEST

The REC has to ensure that research undertaken in the Department complies with the policies and legislation it is duty bound to uphold during the research process. *(For example: a research method you have selected may not comply with legislation such as the Children's Act 38 of 2005. The implication could be that you have to modify your proposed method)*.

Please indicate below any policies and legislation that were consulted during the design of your research and its implications for your request?

| **Policies/Legislation Consulted** | **Yes/No** | **Implications for your request** |
|---|---|---|
| DSD's Research Ethics Policy | | |
| Children's Act 38 0f 2005 | | |
| Child Justice Act 75 of 2008 | | |
| PAIA or POPIA | | |
| The draft Popia Code of Conduct for research | | |
| Other DSD legislation and policies? Specify | | |

| | | |
|---|---|---|
| Code of Conduct for the Public Service | | |
| HR Policies? Specify | | |
| Other | | |

**PROFESSIONAL CODES OF ETHICS AND CONDUCT**

If you are a registered professional with the SA Council for Social Service Professions or the Health Professions Council of SA, which policies and Codes of Conduct did you consult?

| |
|---|
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What are the implications of these policies for your request? *(For example: Your sampling strategy may indicate that social workers will recruit and select clients from their caseload for your study. However, these social workers have to comply with the Code of Ethics of SACSP, specifically its Guidelines regarding research. How will this affect your research?)*

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**5. RESEARCH SAMPLE AND METHODS**

| **Are any of the following participants included in your research study:** | **Yes/No** | **Comments** |
|---|---|---|
| Children | | |
| Persons who are intellectually or mentally impaired | | |
| Persons who have experienced traumatic/stressful life circumstances | | |
| Persons who are in dependent or unequal relationships | | |
| Children in DSD Facilities (e.g. CYCC's) | | |
| Persons living in particularly vulnerable life circumstances | | |

| Will data collection involve any of the following: | Yes/No | Comments |
|---|---|---|
| Access to confidential information without prior consent of participants | | |
| Participants being required to commit an act which might diminish self-respect or cause them to experience shame, embarrassment or regret | | |
| Participants being exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects | | |
| The use of stimuli, tasks or procedures which may be experienced as stressful or unpleasant | | |
| Any form of deception.<br><br>1)Specify.2)Indicate how informed consent will be assured. | | |

| Will any of the following instruments be used for purposes of data collection: | Yes/No | Comments |
|---|---|---|
| Focus Group Schedule | | |
| Questionnaires | | |
| Survey | | |
| Interview Schedule | | |
| Psychometric Tests | | |
| Participant Observations | | |
| Other/Equivalent assessment instruments (i.e., ecometrics or risk assessment instruments) | | |

If "YES", attach a copy of the research instruments. If data collection involves the use of a psychometric test or equivalent assessment instrument, you are required to provide evidence that the measure is likely to provide a valid, reliable, and unbiased estimate of the construct being measured. If data collection involves interviews and/or focus groups, please provide a copy of the interview/focus group schedules. As indicated

in the REC Policy, evidence of having the required professional qualifications and skills in line with your professions scope of practice, must be provided.

| **Will the Autonomy of participants be protected through the use of an informed consent form, which specifies (in language that respondents will understand):** | **Yes/No** | **Comments** |
|---|---|---|
| The nature and the purpose/s of the research | | |
| The identity and institutional association of the researcher and supervisor/project leader and their contact details | | |
| The fact that participation is voluntary | | |
| Any limits on confidentiality which may apply | | |
| That anonymity will be ensured where appropriate (e.g., coded/disguised names of participants/respondents/institutions) | | |
| The fact that participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves | | |
| The nature and limits of any benefits participants may receive as a result of their participation in the research | | |
| Responses will be treated in a confidential manner | | |
| Is a copy of the informed consent form attached? | | |

## 6. SUPPLEMENTARY INFORMATION

**For DSD Officials:**

Are you an official of the Western Cape Government? Yes/No _____

Department in which you are employed: _____

Persal Number _____

If yes, in which Office/Directorate/Facility are your based? _____

Who is your Manager/ Supervisor? _____

Do you have a bursary from the Western Cape Government? _____

If yes, what is your field of study?_____

**Professional Registration:**

Are you registered with a professional board or council? Yes/No _____

If yes, which Board or Council? _____

What is your registration number? _____

Please indicate the profession for which you are registered Ie.g. Social Worker, Child & Youth Care Worker, Clinical Psychologist, Occupational Therapist, Nursing, etc):

_____

**Students/Specialist Research Organisations/Other:**

For which tertiary institution/ Organization/ Company are you conducting the research? _____

Department/ Division/ Section/ Unit? _____

Who is the Project Leader/ Sponsor or Research Promoter/ Lecturer?

Title: _____ Surname: _____ Initial: _____

**DECLARATION STATEMENT**

***I/ WE CONFIRM THAT:***

- ***THE PARTICULARS MENTIONED ABOVE ARE TRUE, AND***
- ***IF THIS APPLICATION IS FAVOURABLY CONSIDERED, I/ WE WILL COMPLY WITH THE CONDITIONS WHICH MAY BE SET WITH REGARD TO THE APPLICATION.***

**Note: If the research is to be conducted by a team, the Team Leader's signature must appear on the space provided below together with the signatures of two other members of the team as witnesses.**

_____ _____ _____

**Applicant/ Team Leader** **Witness 1** **Witness 2**

_____ _____ _____

**Date** **Date** **Date**

Signature: _____ Date: _____

**FOR OFFICE USE BY REC SECRETARIAT ONLY**

**Referred by:** _____ **Date:** _____

**Application Status**

| | |
|---|---|
| **APPROVED** | **PROVISIONAL APPROVAL** |
| **DECLINED** | **OTHER (specify)** |

_____ _____

**Chairperson: Research Ethics Committee** **Date**