Western Cape Government

Social Development
Directorate: Research and Information Management
DSD REC Ethics Secretariat - DSD.REC-Ethics@westerncape.gov.za

Reference: 12/1/2/4

Enquiries: Clinton Daniels/Petro Brink

Available on MsTeams

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 frames for submissions of applications. Due to service delivery pressure in the Department, strict compliance with these dates is required.***
- ***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.***
- ***Please note that the DSD's REC only accepts requests for research undertaken in or by the Department, specifically research involving access to the beneficiaries of the DSD's services, its staff or information and records.***
- ***If your methodology involves obtaining access to DSD records such as case files of clients or case registers, a PAIA or POPIA application may have to be made. This may delay the finalisation of your application to the REC.***

- ***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) Certified copy of your ID / Passport(s)
    c) Current proof of registration from the institution/department (if student)
    d) Ethical clearance letter / certificate from the affiliated institution regulating your research (e.g. university, research organization, etc.)
    e) The Access Request form if you intend undertaking data collection at DSD Regional Offices or Facilities
    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 or POPIA application if relevant.

- Applications must be submitted either via email or hand delivered 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: _____

Postal Address: _____ Residential Address: _____

_____ _____

_____ _____

_____ _____

Telephone number: _____ Fax number: _____

Cellular 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 (e.g. researcher, fieldworker, etc)

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? (*The 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 Information (i.e. case files, registers, identifying or contact details of staff/beneficiaries)	
If yes, have you made a PAIA or POPIA 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		
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?

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?)*

5. RESEARCH SAMPLE AND METHODS

Are any of the following participants included in your research study:	**YES/NO**
Children	
Persons who are intellectually or mentally impaired	
Persons who have experienced traumatic/stressful life circumstances	
Persons who are HIV Positive	
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
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. 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
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**
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?_____

What is the bursary contract period? _____

Please attached a copy of your bursary contract.

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: _____

7. FINANCIAL AND CONTRACTUAL INFORMATION

If you have not received a bursary from the Western Cape Government, please indicate how your research/study is sponsored or funded?

_____

What is the total budget/sponsorship for the study?

_____

Are there any restrictions or conditions attached to the publication and/or presentation of the study results?

YES	NO

If yes, what are these restrictions? _____

If sponsored/ funded, does the sponsor have any copy rights to the study?

_____

(Note that any such restrictions or conditions contained in funding contracts must be made available to the Committee along with the proposal).

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**

STATEMENT ON CONFLICT OF INTEREST

The researcher is expected to declare to the Committee the presence of any potential or existing conflict of interest that may potentially pose a threat to the academic integrity and ethical conduct of any research in the Department of Social Development. The Committee will decide whether such conflicts are sufficient as to warrant consideration of their impact on the ethical conduct of the study.

Disclosure of conflict of interest does not imply that a study will be deemed unethical, as the mere existence of a conflict of interest does not mean that a study cannot be conducted ethically. However, failure to declare to the Committee a conflict of interest known to the researcher at the outset of the study will be deemed to be unethical conduct.

Researchers are therefore expected to sign either of the two declarations below.

a) As the Principal Researcher/ Team Leader in this study (name: _____), I hereby declare that I am ***not aware*** of any potential conflict of interest which may influence my ethical conduct of this study.

Signature: _____ Date: _____

b) As the Principal Researcher/ Team Leader in this study (name: _____), I hereby declare that I ***am aware*** of potential conflict of interest which should be considered by the committee.

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**