



RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT

RESEARCH PROPOSAL SUBMISSION FORM

Instructions:

- This form caters for research carried out by a team or individual
- Please complete in PRINT – Using Black ink
- Mark with an X where applicable
- Please attach the following documents to you application
 - a) A detailed research proposal and proposed method
 - b) Certified copy of your ID Book(s)/ Passport(s)
 - c) Current proof of registration from the institution/department (if student)
 - d) Letter of motivation from your supervisor on an official university letterhead, making special reference to the rationale and significance of your study.
 - e) Ethical clearance letter / certificate from the affiliated institution regulating your research (e.g. university, research organization, etc.)

All documents must be forwarded to the secretariat of the REC, either via email or hand delivered.

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A. PERSONAL INFORMATION

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

Title: _____ Surname: _____ Initial: _____

Full Name (s): _____ ID Number: _____

Country of Origin _____

If not a S.A. Citizen: Passport No: _____

For research conducted by a team of individuals

Surname	Initial	ID/Passport no:	Highest Qualification Obtained	

Postal Address: _____

Residential Address: _____

Telephone number: _____

Fax number: _____

Cellular number: _____

B. PROPOSAL AND RESEARCH DETAILS

Title of the proposal: _____

Is your planned research required to obtain a qualification?

YES	NO
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If yes, specify field of study _____

If No, stipulate purpose of research

Has this protocol been submitted to any other Ethical Review Committee?

YES	NO
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If so, list which institutions and any reference numbers?

What was/were the outcome(s) of these applications?

If the study was previously disapproved, what reasons and recommendations for improvement were provided?

Do you intend to publish or orally present the findings of your research/ dissertations/ thesis or parts thereof during lectures/seminars?

YES	NO
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If yes, in which way, and at what stage?

C. RESEARCH INFORMATION

Estimated number of participants? _____

Estimated duration of study? _____

Location/Area of study you plan to do your research? _____

Does your study cover research involving:	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	
Persons in captivity (imprisonment)	
Children in institutions (e.g. Statutory care)	
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 Groups	
Questionnaires	
Survey Schedule	
Interview Schedule	
Psychometric Tests	
Other/Equivalent assessment instruments	

If "YES", attach copy of research instrument. If data collection involves the use of a psychometric test or equivalent assessment instrument, you are required to provide evidence here 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 list of the topics to be covered/kinds of questions to be asked.

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 anytime 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	
Is a copy of the informed consent attached	
Responses will be treated in a confidential manner	

If not, this needs to be explained and justified, also measures to be adopted to ensure that the respondents fully understand the nature of the research and the content that they are giving.

D. SUPPLEMENTARY INFORMATION

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

Department/ Division/ Section/ Unit? _____

Project/ Group Leader/ Promoter/ Lecturer:

Title: _____ Surname: _____ Initial: _____

What value is your planned research to the Department of Social Development?

E. FINANCIAL AND CONTRACTUAL INFORMATION

Is the study being sponsored or funded?

YES	NO
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If "yes"

Who is the sponsor/funder of the study? Do they have any copy rights to the study?

(OPTIONAL)

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?

Does the contract specifically recognize the independence of the researchers involved?

YES	NO
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(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 it is a research carried out 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 scientific 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 DSD HEAD OFFICE ONLY

Referred by: _____ Date: _____

Application

APPROVED	AMENDED	NOT APPROVED
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Chairperson: Ethics Committee

Date