



HSSREC FORM 1

**THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

Telephone: +260-211-290258/293937
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P O Box 32379
Lusaka, Zambia
Your Ref:
Our Ref:

**APPLICATION FOR ETHICAL APPROVAL FOR PROPOSED RESEARCH
INVOLVING HUMAN PARTICIPANTS**

1. **TITLE OF STUDY:**

2. **Principal Investigator:**

Name: Qualifications:

Present Appointment/Affiliations:

3a. **OTHER INVESTIGATORS:**

Name: Qualifications:

Present Appointment/Affiliations:

Name: Qualifications

Present Appointment/Affiliations:

(Other names to be included on a separate page)

3b. **SUPERVISORS:**

Name: Qualifications:
Present Appointment/Affiliations:

Name: Qualifications:
Present Appointment/Affiliations:

3c. **Co-Supervisor/Mentor in Zambia (This section is for all researchers outside Zambia)**

Name: Qualifications:
Present Appointments/Affiliations:

Name: Qualifications:
Present Appointments/Affiliations:

4. **SUMMARY OF PROPOSED RESEARCH**

A summary of the project proposal should include background to the study, aims and objectives, participants to be studied and research methods to be used. Technical terminology should be avoided as much as possible.

(Use not more than one additional A4 sheet if necessary)

5. **ARE THE PARTICIPANTS DEPENDENT ON ANY OF THE INVESTIGATORS**

As students: Yes No As employees: Yes No

As patients: Yes No In other ways: Yes No

If 'Yes' to any of the above, give details

6. **POSSIBLE BENEFITS TO PARTICIPANTS:**

7. **POSSIBLE RISKS TO PARTICIPANTS**

8. **POSSIBLE BENEFITS TO THE COMMUNITY**

9. **BUDGET**

- (a) Financial support (requested or granted): **SPONSOR** Yes No
- (b) Are there costs which will be carried by other institutions Yes No
- (c) Are there costs which will be carried by the participants involved (e.g. travel, accommodation, meals, treatment)? Yes No

If 'Yes' to any of the above, give details:

10. **SUBMISSION** (Please take note of UNZAREC Forms 1a and 1b)

- A. **For Normal Review** at regular monthly meetings, attachments should include:
- (i) 5 copies of Full Protocol/ Yes No
- (ii) 15 copies of Summary of Protocol Yes No
- (iii) 15 copies of Questionnaire and/or interview schedules Yes No
- (iv) 15 copies of Information Sheet Yes No
- (v) 15 copies of Consent Form Yes No
- (vi) 15 copies of letter approving of or giving ethical clearance to the project proposal if it is a sponsored research related to another University Yes No

- (vii) 15 copies of Budget
- (viii) 15 copies of Time Line

B. For Expedited Review, attachments should include:

- | | | | | | |
|--------|---|-----|--------------------------|----|--------------------------|
| (i) | 5 copies of Full Protocol (to include the following): | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) | 8 Summary of Protocol | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) | 8 Questionnaire and/or interview schedules | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) | 8 Information Sheet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) | 8 Consent Form | Yes | <input type="checkbox"/> | N | <input type="checkbox"/> |
| (v) | 8 Letter approving the project proposal if it is a sponsored research related to another University | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) | 8 Budget | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) | 8 Time Line | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

11 DECLARATION

I.....
 (Full Name) Apply to the Humanities and Social Sciences Research Ethics Committee of the University of Zambia for approval of the above research proposal involving human participants, as conforming with recognized ethical standards and as not impinging on the rights of the individuals.

Signed: Date:
PRINCIPAL INVESTIGATOR

Contact Address:

Local Contact Address:

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Telephone No: Fax No:

Cell phone No:

E-mail address:

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Full name and address of Local Co-Supervisor/Member (if applicable):

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Signed: Date:

Full name and address of Head of Department or Head of relevant Organization:

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Signed: Date:

Full name of Dean (if proposal from Head of Department):

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Signed: Date: