APPENDIX 1B:
MIRERC APPLICATION FORM FOR ETHICAL REVIEW

Who should use this form:

This form is to be completed by Principal Investigators (PIs) or PGR supervisors who have completed the MUST Ethical Review of Research Self Assessment Form (SAF) and have decided that further ethical review and approval is required before the commencement of a given Research Project.

Researchers in the following categories are to use this form:

1. The project is to be conducted by:
    - staff of MUST; or
    - postgraduate research (PGR) students enrolled at MUST to be completed by the student's supervisor);
2. The project is to be conducted at MUST by visiting researchers.

Students undertaking undergraduate projects and taught postgraduate (PGT) students should refer to their Department/School for advice.

NOTES:

- An electronic version of the completed form should be submitted to MIRERC Office, at the following email address: mirerc@must.ac.ke. Please **do not** submit paper copies.
- If, in any section, you find that you have insufficient space, or you wish to supply additional material not specifically requested by the form, please it in a separate file, clearly marked and attached to the submission email.
- If you have any queries about the form, please address them to the MIRERC Secretariat at the MUST Innovation and Entrepreneurship Centre.

☐ **Before submitting, please tick this box to confirm that you have consulted and understood the following information and guidance and that you have taken it into account when completing your application:**

- **The information and guidance provided on the MIRERC webpage**
- **The MUST Research Policy**

MUST **APPLICATION FORM FOR ETHICAL REVIEW**	*OFFICE USE ONLY:* Application No: Date Received:

1. TITLE OF PROJECT

2. THIS PROJECT IS:

MUST Staff Research project ☐
MUST Postgraduate Research (PGR) Student project ☐
Other ☐ (Please specify):

3. INVESTIGATORS

a) PLEASE GIVE DETAILS OF THE PRINCIPAL INVESTIGATORS OR SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

b) PLEASE GIVE DETAILS OF ANY CO-INVESTIGATORS OR CO-SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

c) In the case of PGR student projects, please give details of the student

Name of student:		Student No:	
Course of study:		Email address:	
Principal supervisor:			

Name of student:		Student No:	
Course of study:		Email address:	
Principal supervisor:			

4. ESTIMATED START OF PROJECT Date:

ESTIMATED END OF PROJECT Date:

5. FUNDING

List the funding sources (including internal sources) and give the status of each source.

Funding Body	*Approved/Pending /To be submitted*

If you are requesting a quick turnaround on your application, please explain the reasons below (including funding-related deadlines). You should be aware that whilst effort will be made in cases of genuine urgency, it will not always be possible for the MIRERC to meet such requests.

6. SUMMARY OF PROJECT

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon. Please explain any technical terms or discipline-specific phrases.

7. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

8. DOES THE PROJECT INVOLVE PARTICIPATION OF PEOPLE OTHER THAN THE RESEARCHERS AND SUPERVISORS?

Yes ☐ No ☐

Note: 'Participation' includes both active participation (such as when participants take part in an interview) and cases where participants take part in the study without their knowledge and consent at the time (for example, in crowd behaviour research).

If you have answered NO please go to Section 18. If you have answered YES to this question please complete all the following sections.

9. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

10. RECRUITMENT

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student).

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

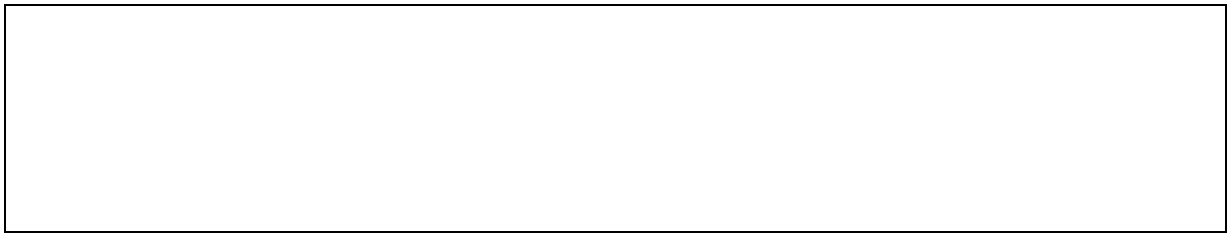
11. CONSENT

a) Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why**.** If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

Note: Attach a copy of the Participant Information Sheet (if applicable), the Consent Form (if applicable), the content of any telephone script (if applicable) and any other material that will be used in the consent process.

b) Will the participants be deceived in any way about the purpose of the study? **Yes** ☐ **No** ☐

If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and who will administer this feedback.



12. PARTICIPANT FEEDBACK

Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).

13. PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

b) Explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

14. COMPENSATION

Will participants receive compensation for participation?

i) Financial **Yes** ☐ **No** ☐

ii) Non-financial **Yes** ☐ **No** ☐

If **Yes** to **either** i) or ii) above, please provide details.

If participants choose to withdraw, how will you deal with compensation?

15. CONFIDENTIALITY

a) Will all participants be anonymous? **Yes** ☐ **No** ☐

b) Will all data be treated as confidential? **Yes** ☐ **No** ☐

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings.

If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

16. STORAGE, ACCESS AND DISPOSAL OF DATA

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

17. OTHER APPROVALS REQUIRED? e.g. Criminal Records Bureau (CRB) checks or NHS R&D approvals.

☐ YES ☐ NO ☐ NOT APPLICABLE

If yes, please specify.

18. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

19. RISKS

a) Outline any potential risks to **INDIVIDUALS**, including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

b) Outline any potential risks to **THE ENVIRONMENT and/or SOCIETY** and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap.

20. ARE THERE ANY OTHER ETHICAL ISSUES RAISED BY THE RESEARCH?

Yes ☐ **No** ☐

If yes, please specify

21. EXPERT REVIEWER/OPINION

You may be asked to nominate an expert reviewer for certain types of project, including those of an interventional nature or those involving significant risks. If you anticipate that this may apply to your work and you would like to nominate an expert reviewer at this stage, please provide details below.

Name
Contact details (including email address)
Brief explanation of reasons for nominating and/or nominee's suitability

22. CHECKLIST

Please mark if the study involves any of the following:

- Vulnerable groups, such as children and young people aged under 18 years, those with learning disability, or cognitive impairments ☐
- Research that induces or results in or causes anxiety, stress, pain or physical discomfort, or poses a risk of harm to participants (which is more than is expected from everyday life) ☐
- Risk to the personal safety of the researcher ☐
- Deception or research that is conducted without full and informed consent of the participants at time study is carried out ☐
- Administration of a chemical agent or vaccines or other substances (including vitamins or food substances) to human participants. ☐
- Production and/or use of genetically modified plants or microbes ☐
- Results that may have an adverse impact on the environment or food safety ☐
- Results that may be used to develop chemical or biological weapons ☐

Please check that the following documents are attached to your application.

	ATTACHED	NOT APPLICABLE
Recruitment advertisement	☐	☐
Participant information sheet	☐	☐
Consent form	☐	☐
Questionnaire	☐	☐
Interview Schedule	☐	☐

23. DECLARATION BY APPLICANTS

I submit this application on the basis that the information it contains is confidential and will be used by the MUST for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I undertake to abide by MIRERC SOPs alongside any other relevant professional bodies' codes of conduct and/or ethical guidelines.
- I will report any changes affecting the ethical aspects of the project to the MIRERC Secretariat.
- I will report any adverse or unforeseen events which occur to MIRERC via the Secretariat.

Name of principal investigator/project supervisor:	
Date:	

Please now save your completed form, and transmit an electronic copy and four printed copies through the School Dean. The contact email address for MIRERC secretariat is: mirerc@must.ac.ke.