*Please submit your fully completed application via email to Ms. Zandile Tennyson (Email:* *zandile.tennyson@uct.ac.za) along with all supporting documents listed below. Note that incomplete applications will not be considered. Please list all required information correctly.*

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| **Documentation that must be submitted with the application form:** | **Checklist** √ |
| **1. Research Proposal** |  |
| **2. Proposal approval letter signed by the Chair of the Departmental Research Ethics Committee** |  |
| **3. Letter of request to undertake research at UCT signed by supervisor and the Head of the Department** |  |
| **4. Question Bank** |  |
| **5. Informed Consent Letter** |  |
| **6. Interview Schedule** |  |

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| **2. PERSONAL INFORMATION** | |
| **STUDENT/ STAFF NUMBER** |  |
| **TITLE (Mr/Ms/Dr/Prof)** |  |
| **SURNAME/S** |  |
| **FIRST NAME/S** |  |
| **CONTACT NUMBER/S** |  |
| **PERSONAL EMAIL ADDRESSES** |  |

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|  | **APPLICATION FORM**  **UCT HUMANITIES FACULTY RESEARCH ETHICS CLEARANCE** |

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| **3. ACADEMIC INFORMATION** | | | | |
| **FACULTY** |  | | | |
| **DEPARTMENT** |  | | | |
| **PROGRAMME (LEVEL OF STUDY)** |  | | | |
| **RESEARCH TITLE** |  | | | |
| **SUPERVISOR** |  | | | |
| **SUPERVISOR’S EMAIL** |  | | | |
| **CO-SUPERVISOR** |  | | | |
| **CO-SUPERVISOR’S EMAIL** |  | | | |
| **ACCESS REQUIRED** | **STAFF** |  | **STUDENTS** |  |

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| **4. DECLARATION BY APPLICANT** | |
| **I confirm that the information given in my application and supporting documentation is, to the best of my knowledge, complete and accurate. I accept that submission of false and incorrect information may result in cancellation of this application. I agree to report to the Humanities Faculty Research Ethics Committee in writing of any changes that may occur regarding the information submitted.** | |
| **SIGNATURE OF APPLICANT:** |  |
| **SIGNATURE OF SUPERVISOR:** |  |

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| --- | --- | --- | --- |
| **5. OFFICE USE** |  | | |
| **DEPARTMENT APPROVED** |  | | |
| **FREC APPROVED** |  | | |
| **RESEARCH ETHICS CLEARANCE NUMBER** |  | | |
| **SUBMITTED TO HR/ DSA** |  | | |
| **FREC SERVICING OFFICER SIGNATURE** |  | **DATE** |  |
| **FREC CHAIR SIGNATURE** |  | **DATE** |  |