

**Scientific Committee Approval for a Research Application**

**Research using human participants, health or health-related studies**

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| **Scientific Committee Information** |
| **Name of the scientific committee** | Click here to enter text. | **Discipline(s)** | Click here to enter text. |
| **Research Entity** | Click here to enter text. | **Contact Person for the committee** | Click here to enter text. |
| **Faculty** | Click here to enter text. | **E-mail address for the committee contact person** | Click here to enter text. |

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| **Study & Scientific Review Information** |
| **Title of the study:** | Click or tap here to enter text. |
| **Researcher/Study Supervisor Initials, Name and Surname:** | Click or tap here to enter text. | **NWU Number:** | Click or tap here to enter text. |
| **Student Initials, Name & Surname:** | Click or tap here to enter text. | **NWU Number:** | Click or tap here to enter text. |
| **Other Researchers involved in the study *(Initials, Names and Surnames)*:** | Click here to enter text. |
| **Potential risk level for human participants:** | No risk |[ ]  **Motivate:** Click here to motivate the risk level |
|  | Minimal risk |[ ]   |
|  | Medium risk |[ ]   |
|  | High risk |[ ]   |
| **Potential risk level for children and incapacitated adults:** | No risk  |[ ]  **Motivate:** Click here to motivate the risk level |
|  | No more than minimal risk of harm |[ ]   |
|  | Greater than minimal risk with the prospect of direct benefit |[ ]   |
|  | Greater than minimal risk with no direct benefit |[ ]   |
| **Recommendation for the REC:** | Review by the research ethics committee required |[ ]  **Motivate:** Click here to motivate |
| **Any additional comments** | Motivate: Click here to enter any additional comments |
| **Chairperson of the committee** | Click here to insert name. |
| **Committee members present during the review****(NB, please ensure no conflict of interest)** | Click here to enter names. |
| **Date of review** | Click here to enter a date. |

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| **Signature of Chairperson** |  | **Signature of Research Director** |
| **Date**:Click here to enter a date. |  | **Date**: Click here to enter a date. |

*Form developed by Prof Minrie Greeff, 1 March 2017*

*Form updated by Prof Minrie Greeff, 31 January 2019*

*Form updated by Prof Minrie Greeff, 8 May 2019*

*Form updated by Prof Minrie Greeff, 23 July 2019*

*Form updated by Prof Minrie Greeff, 10 August 2019*

Original details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\9.1.5.6\_SC Approval\_Human Participants.docm
10 August 2019

File Reference: 9.1.5.6