

EGERTON

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EGERTON



UNIVERSITY

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EGERTON UNIVERSITY ETHICS REVIEW COMMITTEE (EUREC)

APPLICATION FOR ETHICAL APPROVAL OF A RESEARCH PROJECT

NOTE

Please refer to the **guidelines** before you fill the form.
Hand-written and **incomplete form** will not be accepted.

1.0 PRELIMINARY

1.1 Type of Submission: New Revised

1.2 Type of Project (Tick appropriately)
Undergraduate MSc PhD Collaborative
Any other, specify.....

1.3 TITLE OF THE PROJECT:
.....
.....

1.4 Name of the Principal Investigator

Experience: (Relevant to proposed research)
.....
.....
.....

Address:.....
Telephone.....
E-mail

2.0 DECLARATION

I _____ (full names) being the Principal Investigator for this project/study declare that:

- (a) Any changes to approved procedures or protocols shall be requested and effected only after written approval by EUREC.
- (b) Undertake to submit biannual progress reports till the completion of the project.
- (c) Undertake to report any deviation from the approved protocol to the committee within 2 weeks.

Collaborators/Supervisors

Name	Academic qualification and discipline	Institution	E-mail and telephone	Signature	Date

3.0 PROJECT SUMMARY

3.1. Provide a summary of the research project in non-technical language (summary; not more than 300 words in lay language)

BOX TO FIT ONLY 300 WORDS

3.2. Outline the research methods to be used (*refer to the guidelines*)

.....

3.3. Duration and location of study (*indicate start date and end of whole project*)

.....

3.4. Funding (*state the source of funding and the total budget*)

.....

4.0 PARTICIPANTS INFORMATION

4.1 State the number of participants to be involved

4.2 Age of Participants: below 6 yrs 6– 17yrs Over 18yrs

4.3 Gender of Participant: Male Female

4.4 Inclusion and exclusion criteria.....

4.5 Mode of recruitment:

- 4.6 Payment/Compensation
- 4.7 Privacy and confidentiality

5.0 DETAILS OF RISKS/DISCOMFORT AND BENEFITS

5.1 Details of Risks/Discomfort

- (a) What do you consider are the risks/discomforts to the participants?

- (b) State precautions to minimize risks/discomforts

5.2 Details of Benefits

What do you consider are the benefits to the participants?

5.3 Safeguards to protect participant’s information/data

6.0 APPROVAL BY ANOTHER RECOGNISED RESEARCH ETHICS COMMITTEE (Applicable for collaborative projects)

Provide the list of collaborators and state the name of the committee(s) that gave ethical approval for the collaborating partner(s)

Collaborators	Institution of the Collaborating Partner	Committee(s) that gave Ethical Approval for the Collaborating Partner(s)	Date of Approval

FORWARDED BY

Principal Investigator's Name:

Signature: Date:.....

FOR OFFICIAL USE ONLY

APPROVED BY EGERTON UNIVERSITY RESEARCH ETHICS COMMITTEE
(Subject to withdrawal for non-compliance)

Chairperson (Name): _____

Signature: _____

Date: _____

Send one signed hard copies of the Application and other documents to:
The Deputy Vice Chancellor,
Division of Research and Extension,
Egerton University,
P. O. Box 536-20115, Egerton, and soft copy through the email: **eurec@egerton.ac.ke**

NOTE: Await for clearance from the Committee