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| Description: UCTlogo-notext | **RESEARCH ACCESS TO STUDENTS** | **DSA 100** |

NOTES

1. This form must be **FULLY** completed by all applicants who want to access UCT students for the purpose of research or surveys.
2. Return the fully completed **(a)** **DSA 100** application form **by email**, in **the same word format**, together with **your: (b) research proposal inclusive of your survey, (c) copy of your ethics approval letter / proof (d) informed consent letter**  to: Moonira.Khan@uct.ac.za. Cc: Nadierah.Pienaar@uct.ac.za. You application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
3. The turnaround time for a reply is **approximately 10 working days**.
4. NB: It is the responsibility of the researcher/s to apply for and to obtain **ethics approval and to comply with amendments that may be requested;** as well as **to obtain**  approval to access UCT staff and/or UCT students, from the following, at UCT, respectively:
5. **Ethics**: Chairperson, Faculty Research Ethics Committee’ (FREC) for ethics approval, (b) **Staff access:** Executive Director: HR

for approval to access UCT staff, and (c) **Student access:** Executive Director: Student Affairs for approval to access UCT students.

1. **Note:** UCT Senate Research Protocols requires compliance to the above, **even if prior approval has been obtained** **from any other institution/agency. UCT’s research protocol requirements applies to *all* persons, institutions and agencies from UCT and external to UCT who want to conduct research on human subjects for academic, marketing or service related reasons at UCT.**
2. **Should approval be granted to access UCT students for this research study, such approval is effective for a period of one year from the date of approval (as stated in Section D of this form), and the approval expires automatically on the last day.**
3. **The approving authority reserves the right to revoke an approval based on reasonable grounds and/or new information.**

SECTION A: RESEARCH APPLICANT/S DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Staff / Student No | Title and Name | Contact Details (Email / Cell / land line) |
| A.1 Student Number  |  |  |  |
| A.2 Academic / PASS Staff No. |  |  |  |
| A.3 Visitor/ Researcher ID No. |  |  |  |
| A.4 University at which a student or employee |  | Address if *not* UCT:  |
| A.5 Faculty/ Department/School |  |
| A.6 APPLICANTS DETAILS If different from above | Title and Name | Tel. | Email |
|  |  |  |

SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Title and Name | Tel. | Email |
| B.1 Supervisor |  |  |  |
| B.2 Co-Supervisor/s  |  |  |  |

SECTION C: APPLICANT’S RESEARCH STUDY FIELD AND APPROVAL STATUS

|  |  |
| --- | --- |
| C.1 Degree – if applicable |  |
| C.2 Research Project Title  |  |
| C.3 Research Proposal  | Attached: Yes No  |
| C.4 Target population |  |
| C.5 Lead Researcher details  | If different from applicant:  |
| C6. Will use research assistant/s |  Yes No If yes- provide a list of names, contact details :  |
| C.7 Research Methodology and Informed consent | **Research methodology:** Informed consent:  |
| C.8 Ethics clearance status from UCT’s Faculty Ethics in Research Committee /Chair (EiRC) | Approved by the UCT EiRC: Yes With amendments: Yes No1. **Attach copy of your UCT ethics approval. Attached: Yes No**
2. **State date / Ref. No / Faculty of your UCT ethics approval: \_/\_/20\_ Ref. / Faculty.:**
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**SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE**

**(*To be completed by the UCT - ED, DSA or Nominee)***

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| --- | --- | --- | --- |
| **D.1** **APPROVAL STATUS** | **Approved / With Terms / Not** | **\* Conditional approval with terms**  | **Applicant/s Ref. No.:** |
| 1. **Approved**
2. **With terms**
3. **Not approved**
 | 1. **Access to students for this research study must only be undertaken after written ethics approval has been obtained.**
2. **In event any ethics conditions are attached, these must be complied with before access to students.**
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| **D.2** **APPROVED** **BY:**  | **Designation** | **Name** | **Signature** | **Date of Approval**  |
| **Executive Director****Department of Student Affairs** |  |  |  |