



RESEARCH, INNOVATION, AND OUTREACH DIVISION

KCA UNIVERSITY SCIENTIFIC AND ETHICS REVIEW COMMITTEE

REQUEST FOR ETHICAL REVIEW FORM

The request must include the following information for the research to be considered for approval:

Name, institution, and contact details (email and phone number) of the principal/lead investigator/researcher:	
If it is a thesis, include also the name(s), institution(s), and contact details (emails and phone numbers) of the supervisor(s):	
Date of request:	
Title of the Research:	
Planned or confirmed source of funding:	
Members of the research group and their roles in the implementation of the study, as well as possible cooperation with other universities, research institutes, or similar organizations:	
What is the level of risk presented by your research?	<p>Please indicate whether the research risk assessment (Check risk document) stated on the application is:</p> <p><input type="checkbox"/> Low risk (<i>Research has no foreseeable risk of harm, discomfort, or inconvenience to respondents</i>)</p> <p><input type="checkbox"/> Medium risk (<i>Research has potential risk of unexpected negative consequences, harm or discomfort, but where appropriate steps can be taken to mitigate the risk</i>)</p> <p><input type="checkbox"/> High risk (<i>Research with real and foreseeable risk of harm and discomfort to participants and or the research team, and which may lead to serious adverse consequences if these risks are not managed in a responsible manner. It involves highly sensitive topics and/or the participation of</i></p>

	<i>very vulnerable and marginalized individuals/groups)</i>
Would you like to bring any aspects of the applications to the Ethics Review Committee's attention?	Please indicate them here
What research data will be collected?	
What personal data and confidential information will be processed?	
Specify any special category or sensitive data that will be collected (tick all that apply)	<input type="checkbox"/> Ethnicity <input type="checkbox"/> Mental Health (status, medical records conditions, to include disability) <input type="checkbox"/> Physical Health (status, medical records conditions, to include disability) <input type="checkbox"/> Sexual Orientation/Sexual life <input type="checkbox"/> Genetic Data (to include DNA data) <input type="checkbox"/> Biometric data (such as facial scan, iris scan, or fingerprint data used to identify a participant) <input type="checkbox"/> Political opinions <input type="checkbox"/> Trade Union membership <input type="checkbox"/> Religious or philosophical beliefs <input type="checkbox"/> Criminal Convictions and offences (to include alleged offences and convictions) <input type="checkbox"/> None <input type="checkbox"/> Other – Please specify below
How will data be stored and transferred during the research?	
Specify who will be able to access the identifying information and how you will ensure they process the information securely	
How will research data be preserved and shared on completion of the project? (NB: <i>Enter N/A in this section unless results will be published</i>)	
Describe the measures that will be taken to ensure data are suitable for sharing, e.g., securing consent, anonymizing data prior to deposit/sharing, and sharing confidential or high-risk information using a controlled access repository.	
State how long you plan to retain personal data and any confidential information after the end of the project. Indicate also how the data will be disposed	

As the Principal Investigator of this study, I declare that I take full responsibility for the proposed study and will conduct it according to the documented proposal and in line with KCAUSERC ethical guidelines.

By signing this document, I agree that:

- a) All documents submitted with this application are true representations of the study and have not been falsified.
- b) This study will not commence in any way, and no participant will be recruited until final official approval is received from KCAUSERC
- c) The study will be conducted according to the protocol submitted. All participants will be recruited and consented to according to the protocol.
- d) Any protocol deviations or protocol violations to the submitted study must be reported to KCAU in writing by email to KCAUSERC immediately. Within five (5) business days of the deviation or violation, the Deviation/Violation Must be reported to the ISERC office.
- e) Any study-related unexpected or serious adverse event must be reported to the ISERC Office by email within twenty-four (24) hours after the PI becomes aware of the event.

Principal Investigator's Signature

Date

INFORMED CONSENT FOR RESEARCH PARTICIPATION

Introduction

You are invited to participate in a research study. This document provides information about the study so that you can make an informed decision about your participation. Please take the time to read the information below. If you have any questions, feel free to ask the researcher. **(PI to Fill in the sections italicized)**

Purpose of the Study

The purpose of this study is to [*.....briefly describe the purpose of the study*]. The research is being conducted to [*..... explain why the research is being conducted and what the researcher hopes to learn*].

Study Procedures

If you agree to participate, you will be asked to [*.....briefly describe the procedures, tasks, or activities the participant will engage in during the study, including the study duration and the number of sessions, if applicable*].

Potential Risks and Discomforts

There may be some risks associated with participation in this study. These risks may include [*list any potential risks, discomforts, or side effects- Indicate if there are no risks*]. Every effort will be made to minimize these risks, and you can withdraw from the study at any time without penalty.

Potential Benefits

While participating may not directly benefit you, the results of this study may contribute to [*explain any potential broader benefits, such as new knowledge or advancements in the field*].

Confidentiality

Your participation will be kept confidential. Any data collected will be stored securely and only

accessible to the research team. Your identity will not be revealed in any publication or presentation resulting from this research.

Voluntary Participation

Participation in this study is completely voluntary. You have the right to withdraw from the study at any time without any negative consequences or loss of benefits to which you are otherwise entitled.

Questions

If you have any questions about this study, your participation, or your rights as a participant, please contact the principal investigator at [*insert contact information*].

Consent

By signing below, you indicate that you have read the information provided above, understand the purpose and procedures of the study, and voluntarily agree to participate. You can withdraw from the study at any time without penalty.

Participant Statement:

I, the undersigned, consent to participate in this study.

Name of Participant: _____

Signature of Participant: _____

Date: _____

Researcher (Principal Investigator –PI) Statement:

I, the undersigned, confirm that I have explained the nature of this study to the participants, answered all questions, and ensured that they understand the information provided.

Name of Researcher: _____

Signature of Researcher: _____

Date: _____