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| **APPLICATION TO CONDUCT RESEARCH INVOLVING UNISA EMPLOYEES, STUDENTS AND DATA****2021** |
| **Read the Standard Operating Procedure for Conducting Research involving Unisa Employees, Students and Data prior to filling out this application form (**[**click here**](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/research/docs/SOP%20for%20Research%20Permission%20-%20revised%20version%207%20-%2003-06-2016%20%28lastest%20version%29.pdf)**)****Note: Permission does not guarantee availability / access to the requested data source(s)****Incomplete applications will not be considered by the Research Permission Subcommittee (RPSC)**  |
| 1. **SECTION 1: APPLICANT DETAILS**
 |
| * 1. **INTERNAL APPLICANT**

***(Main Unisa Researcher)*** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **EMPLOYEE / STUDENT NO** |  |
| **UNIT / DEPARTMENT** |  | **SCHOOL** |  | **COLLEGE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| * 1. **EXTERNAL APPLICANT**

***(Main Non-Unisa Researcher)*** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **INSTITUTION** |  |
| **UNIT / DEPARTMENT** |  | **FACULTY** |  | **POSITION / ROLE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |

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| 1. **SECTION 2: SUPERVISOR / CO-SUPERVISOR DETAILS *(If application is made by a Student)***
 |
| * 1. **UNISA SUPERVISOR / CO-SUPERVISOR**
 | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **EMPLOYEE NO** |  |
| **UNIT / DEPARTMENT** |  | **SCHOOL** |  | **COLLEGE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| * 1. **NON-UNISA SUPERVISOR / CO-SUPERVISOR**
 | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **INSTITUTION** |  |
| **UNIT / DEPARTMENT** |  | **FACULTY** |  | **POSITION / ROLE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |

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| 1. **SECTION 3: CO-RESEARCHER(S)’ DETAILS *(If the application is relevant to a Collaborative Research Project)*** *[Indicate All Co-researchers and Add More Rows If Necessary]*
 |
| 1. **UNISA CO-RESEARCHER**

**1** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **EMPLOYEE NO** |  |
| **UNIT / DEPARTMENT** |  | **SCHOOL** |  | **COLLEGE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| 1. **UNISA CO-RESEARCHER**

**2** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **EMPLOYEE NO** |  |
| **UNIT / DEPARTMENT** |  | **SCHOOL** |  | **COLLEGE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| 1. **UNISA CO-RESEARCHER**

**3** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **EMPLOYEE NO** |  |
| **UNIT / DEPARTMENT** |  | **SCHOOL** |  | **COLLEGE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| 1. **NON-UNISA CO-RESEARCHER**

**1** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **INSTITUTION** |  |
| **UNIT / DEPARTMENT** |  | **FACULTY** |  | **POSITION / ROLE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| 1. **NON-UNISA CO-RESEARCHER**

**2** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **INSTITUTION** |  |
| **UNIT / DEPARTMENT** |  | **FACULTY** |  | **POSITION / ROLE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |
| 1. **NON-UNISA CO-RESEARCHER**

**3** | **TITLE** |  | **NAME & SURNAME***(exactly as it should be on the letter of permission)* |  | **INSTITUTION** |  |
| **UNIT / DEPARTMENT** |  | **FACULTY** |  | **POSITION / ROLE** |  |
| **WORK TEL NO** |  | **CELL NO** |  | **EMAIL ADDRESS** |  |

| 1. **SECTION 4: NATURE OF THE APPLICATION AND TIMELINE** *[Double click on relevant boxes. “Check box form field options” will appear. Choose “checked” to ensure that the tick is made in the relevant box].*
 |
| --- |
| * 1. **PROPOSED TITLE OF THE RESEARCH**
 |  |
| * 1. **FOR WHAT PRIMARY PURPOSE WILL THIS RESEARCH BE UNDERTAKEN? *(Tick All Relevant)***
 | [ ]  | **Undergraduate Module Requirement** (Please double click inside the boxes to tick) | [ ]  | **Research for Non-Degree Purposes** (Please double click inside the boxes to tick) |
|  | **Postgraduate Degree Requirement:** | [ ]  | **Institutional Research** |
|  | [ ]  | Postgraduate below Master’s | [ ]  | **Other (e.g. Contract Research)** *(Please Describe):* |
|  | [ ]  | Master’s |  |
|  | [ ]  | Doctorate |
| * 1. **PERMISSION IS REQUIRED TO INVOLVE ONE OR MORE OF THE FOLLOWING *SOURCES OF INFORMATION* IN THE PROPOSED RESEARCH BY MEANS OF:**

*(Tick All Relevant and Provide Required Information Where Indicated)* |
| 1. **Unisa Employees**
 | [ ]  | **Primary Data through Interviews:** | [ ]  | **Primary Data through Questionnaires:** |
|  | [ ]  | Individual |  | [ ]  | Electronic |
|  | [ ]  | Group |  | [ ]  | Hand Delivered |
|  | [ ]  | Face-to-Face |  | [ ]  | Other *(Please Describe):*  |
|  | [ ]  | Electronic | [ ]  | **Primary Data through Any Other Means, e.g. Observation, Treatment, Experimentation, Interventions**(Please Describe):  |
|  | [ ]  | Other *(Please Describe):* | [ ]  | **Primary Data / Material through Archival Sources (Written Material, Staff Records, Policies, Procedures, Agendas & Minutes, Internal Correspondence, etc.)**(Please Describe): |
|  |
| 1. **Unisa Students**
 | [ ]  | **Primary Data through Interviews:** | [ ]  | **Primary Data through Questionnaires:** |
|  | [ ]  | Individual |  | [ ]  | Electronic |
|  | [ ]  | Group |  | [ ]  | Hand Delivered |
|  | [ ]  | Face-to-Face |  | [ ]  | Other *(Please Describe):*  |
|  | [ ]  | Electronic | [ ]  | **Primary Data through Any Other Means, e.g. Observation, Treatment, Experimentation, Interventions**(Please Describe): |
|  | [ ]  | Other *(Please Describe):* | [ ]  | **Primary Data / Material through Archival Sources (Written Material, Staff Records, Policies, Procedures, Agendas & Minutes, Internal Correspondence, etc.)**(Please Describe): |
|  |
| 1. **Data or Records Containing Secondary Information or Unisa Related Statistics About**
 | [ ]  | **Unisa Employees:** | [ ]  | **Unisa Students:** |
|  | [ ]  | Individual Records | [ ]  | Aggregated |  | [ ]  | Individual Records | [ ]  | Aggregated |
| [ ]  | **Unisa Operations**: | [ ]  | **Other *(Please Identify)*:** |  |
|  | [ ]  | Individual Records | [ ]  | Aggregated |  | [ ]  | Individual Records | [ ]  | Aggregated |
| * 1. **HAS THIS RESEARCH BEEN REVIEWED AND APPROVED BY AN ETHICS RESEARCH COMMITTEE (ERC)?**
 |
| **RESEARCH ETHICS APPROVAL** | [ ]  | Yes | **Expiry Date of Research Ethics Approval as indicated on clearance letter/certificate:** |  | **\*\**Please attach the ERC approval notification to this application*\*\*** |
| [ ]  | No | If this research is exempt from ERC approval, please provide the rationale (e.g. the research is not affiliated with a university and is not governed by an ERC or the type of research is legitimately exempted from ethical clearance): |  |
| * 1. **PERMISSION TO ACCESS THE RELEVANT DATA SOURCE(S) IS REQUIRED FOR THE FOLLOWING PERIOD**
 |
| *\*The access period should be based on a realistic estimation of the time that it will take to collect or access data* | Expected Start Date: |  |
| Expected End Date: |  |
| * 1. **AN ELECTRONIC COPY OF THE FINAL REPORT OR DISSERTATION MUST BE SUBMITTED TO THE EXECUTIVE DIRECTOR: RESEARCH ADMINISTRATION WITHIN 12 MONTHS OF COMPLETING THE PROJECT (****RPSC@unisa.ac.za****)**
 |
| Expected Date for the Submission of the Report: |  |

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| 1. **SECTION 5: DETAILS ABOUT THE RESEARCH**
 |
| * 1. **RESEARCH AIM, OBJECTIVES AND SIGNIFICANT CONTRIBUTION**
 |
| **5.1** **Provide a** **summary of the research aim, objectives and significant contribution** **of the research** | **RESEARCH AIM & OBJECTIVES****SIGNIFICANT CONTRIBUTION** |
| * 1. **RESEARCH PROPOSAL**

In 500 words or less the proposal must provide a rationale and statement of the problem, description of the research design, methods (data collection, analysis and rigour) and ethical considerations of the research. In addition, the proposal must include the following supporting documents pertaining to the permission request: participant information leaflet(s), consent form(s), permission letters, as well as data management plan and data collection instrument.***\*\*Please note that postgraduate student proposals must have received prior approval by a relevant Higher Degrees Committee / Scientific committee\*\**** |
| I have attached the approved research proposal and supporting documents | [ ]  | Yes | Refer to attachment: |  | **\*\**Please attach a copy of research proposal / plan to this application* \*\*** |
| * 1. **DESCRIBE THE SCOPE AND NATURE OF THE REQUEST TO INVOLVE UNISA EMPLOYEES AND/OR STUDENTS AS PRIMARY DATA SOURCE(S)**
 |
| * + 1. **Unisa Employees *(If not applicable, skip this section)***
1. **Please note that to enhance compliance with The Protection of Personal Information Act No. 4 of 2013, all online surveys MUST be sent through the gatekeeping assistance of Unisa ICT. Please DO NOT request staff email addresses to send them the online survey.**
2. **Staff email addresses needed for sampling purposes MUST be requested through the gatekeeping assistance of the supervisors, in the case of student applicants.**
3. **Please note that the RPSC will provide ONLY ONE mode of access to staff participants, and usually NOT the cellphone number, since it is personal information.**
4. **Please note that section 8.1.4 of the Policy on Research involving Unisa Employees, Students and Data, states that “Researchers are encouraged to obtain personal information voluntarily from participants as part of their fieldwork activities, instead of requiring access to records pertaining to personal information simply because of ease of availability”.**
5. **Please note that during COVID-19 and any government imposed pandemic regulations, face-to-face interviews and focus group discussions MUST be replaced by electronic data gathering mechanism, such as MS TEAMS. Please notify the Ethics Review Committee that granted you the ethics approval certificate of these changes and request an amended ethics approval certificate from them, reflecting the intended electronic data collection method in the ethics approval certificate.**
6. **All government imposed pandemic regulations must be observed at all times and at all stages of conducting the research.**
 |
| 1. **Type of employee population:**

**(Who do you plan to involve in the research?)** | Group 1 |  | Sample size 1 |  |
| Group 2 |  | Sample size 2 |  |
| Group 3 |  | Sample size 3 |  |
| 1. Do you require access to any **personal information** about the targeted participant or group(s) that cannot be obtained through the data collection instrument or procedure e.g. name, surname, initials, title, date of birth, race, gender, nationality, highest grade passed, highest qualification, email address, telephone number, disability, post grade, etc.)? *If so, specify the information needed.*
 |  | **Please provide the rationale for this request***(the collection of personal information should be linked to the objectives of the research)* |  |
| 1. **Where are the participant(s) located?**

(Unisa units / colleges / departments / regional centres) |  |
| 1. Describe **what specifically will be required** from the proposed participant(s) regarding their research participation (i.e. interviews, etc.), including **time** required for participation
 |  |
| 1. How do you plan to minimize **potential disruption** (educational and operational) related to the involvement of the prospective participant(s) in the research?
 |  |
| 1. How do you plan to **recruit and gain access** to the selected employees? [recruitment methods should balance the right of relevant parties to the protection of their privacy and their right for free, voluntary participation]
 |  |
| * + 1. **Students *(if not applicable, skip this section)***
1. **Please note that to enhance compliance with The Protection of Personal Information Act No. 4 of 2013, all online surveys MUST be sent through the gatekeeping assistance of Unisa ICT. Please DO NOT request the students’ email addresses to send them the online survey.**
2. **Students’ email addresses needed for sampling purposes MUST be requested through the gatekeeping assistance of the supervisors, in the case of student applicants.**
3. **Please note that the RPSC will provide ONLY ONE mode of access to the student participants, and usually NOT the cellphone number, since it is personal information.**
4. **Please note that section 8.1.4 of the Policy on Research involving Unisa Employees, Students and Data, states that “Researchers are encouraged to obtain personal information voluntarily from participants as part of their fieldwork activities, instead of requiring access to records pertaining to personal information simply because of ease of availability”.**
5. **Please note that during COVID-19 and any government imposed pandemic regulations, face-to-face interviews and focus group discussions MUST be replaced by electronic data gathering mechanism, such as MS TEAMS. Please notify the Ethics Review Committee that granted you the ethics approval certificate of these changes and request an amended ethics approval certificate from them, reflecting the intended electronic data collection method in the ethics approval certificate.**
6. **All government imposed pandemic regulations must be observed at all times and at all stages of conducting the research.**
 |
| 1. **Type of student population:**

**(Who do you plan to involve in the research?)**(Consider the student category, e.g. undergraduate, postgraduate, short learning courses, alumni and module code(s) e.g. students registered for MAC2601) | Group 1 |  | Sample size 1 |  |
| Group 2 |  | Sample size 2 |  |
| Group 3 |  | Sample size 3 |  |
|  |  |  |  |
| 1. Do you require access to any **personal information** about the targeted participant or group(s) that cannot be obtained through the data collection instrument or procedure e.g. name, surname, initials, title, date of birth, race, gender, nationality, highest grade passed, highest qualification, email address, telephone number, disability, etc.)?

*If so, specify the information needed* |  | **Please provide the rationale for this request** *(the collection of personal information should be linked to the objectives of the research)* |  |
| 1. **In which college or academic unit are the participants registered or affiliated?** (Unisa units / colleges / departments)
 |  |
| 1. Describe **what specifically will be required** from the proposed participant(s) regarding their research participation (data collection activities), including **time** required for participation
 |  |
| 1. What potential **personal or educational disruption** do you envisage for the student? *[Data should not be collected during examination periods]*
 |  |
| 1. How do you plan to minimize **potential personal or educational disruption** related to the involvement of the prospective participant(s) in the research?
 |  |
| 1. How do you plan to **recruit and gain access** to the selected students? [recruitment methods should balance the right of relevant parties to the protection of their privacy and their right for free, voluntary participation]
 |  |
| * + 1. **Unisa Data (Public Domain or Not) *(if not applicable, skip this section)***
1. **Please note that the RPSC does not give staff and students’ email addresses directly to students but releases them into the custody of the supervisor.**
2. **The supervisor may not release the email address list to the students but may sit together with the student to select a sample according to the sampling technique stated in the proposal.**
 |
| 1. **Data Pertaining to Unisa Employees**
 | List the secondary employee data or record required e.g. email addresses, etc. |  |
| How do you plan to gain access to the required secondary employee data or record?  |  |
| 1. **Data Pertaining to Unisa Students**
 | List the secondary data required e.g. study guides, assignments, curricula, assessments or assessment outcomes, Mylife email addresses or the students registered for a specific module, etc. |  |
| How do you plan to gain access to the required secondary data, including student records?  |  |
| 1. **Data Pertaining to Unisa Operations Published Documents, Unpublished Documents, Policies, Strategic Documents, Annual Reports, etc.**
 | List of the secondary data required e.g. published documents, unpublished documents, policies, strategic documents, annual reports, etc. |  |
| How do you plan to gain access to the required secondary data? |  |
| * 1. **DESCRIBE THE MEASURES THAT WILL BE EMPLOYED TO ENSURE PARTICIPANT PRIVACY AND INSTITUTIONAL DATA PROTECTION**
 |
| 1. How do the proposed research activities, data collection, and reporting procedures ensure that Unisa participants’ privacy and legal rights will be protected?
 |  |
| 1. How do the reporting procedures preserve the anonymity of UNISA and any of its entities? If this is not the case, please provide a rationale)
 |  |
| * 1. **DESCRIBE ANY ANTICIPATED *HARMS* RELEVANT TO THE PROPOSED RESEARCH**
 |
| 1. Identify the risk category of the research by ticking the relevant text box

Please note that any study that involves human participants is always above a negligible risk. | [ ]  | Negligible | [ ]  | Low | [ ]  | Medium | [ ]  | High |
| 1. Identify any potential harms related to human participant involvement or institutional involvement in the proposed research
 |  |
| 1. Describe the measures that will be employed to mitigate any potential research harms mentioned in 5.5.b)
 |  |
| 1. **SECTION 6: DECLARATION**
 |
| * 1. **BY SIGNING BELOW, I UNDERTAKE TO:**
 |
| 1. Execute the research in an ethically responsible way, thus ensuring participants’ privacy and the confidentiality of records
 | [ ]  | Agree |
| 1. Not to use the research and information in a manner that is detrimental to the University of South Africa or to persons or institutions outside the university unless it can be scientifically justified
 | [ ]  | Agree |
| 1. Notify the Chairperson of the University of South Africa’s Research Permission Subcommittee of significant changes in research activities or timelines that may make the information in this form inaccurate
 | [ ]  | Agree |
| 1. Submit an electronic copy of the final report or dissertation based on the information gained through the research activities described in the application to the Executive Director: Research (Chairperson of the University of South Africa’s Research Permission Subcommittee) within 12 months of completing the project
 | [ ]  | Agree |
| * 1. **I CONFIRM THAT:**
 |
| 1. I am familiar with the University of South Africa’s Policy for Conducting Research involving Unisa employees, students and data and agree to adhere to it in order to protect the rights of UNISA employees and students [**(click here)**](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/res_policies/docs/Policy%20-%20Research%20Involving%20UNISA%20%20staff%20students%20data%20-%20rev%20appr%20Council%20-%2020.09.2013.pdf)
 | [ ]  | Agree |
| 1. I am familiar with the University of South Africa’s Policy on Research Ethics and agree to adhere to it in order to protect the rights of UNISA employees and students [(click here)](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/research/docs/Policy%20on%20Research%20Ethics%20-%20rev%20appr%20-%20Council%20-%2020.06.2014.pdf)
 | [ ]  | Agree |
| 1. I am familiar with the University of South Africa’s Research and Innovation Policy and agree to adhere to it in order to protect the rights of UNISA employees and students [(click here)](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/res_policies/docs/Research%20and%20Innovation%20Policy%20-%20rev%20%20appr%20Council%20-%2028.04.2016.pdf)
 | [ ]  | Agree |
| 1. I am familiar with the University of South Africa’s Intellectual Property Policy and agree to adhere to it in order to protect the rights of UNISA employees and students [(click here)](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/res_policies/docs/IP_Policy_app_Council_2_22.06.2012.pdf)
 | [ ]  | Agree |
| 1. I am familiar with the Protection of Personal Information Act, no 4 of 2013 and agree to adhere to it in order to protect the rights of UNISA employees and students [**(click here)**](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/research/docs/POPI%20Summary%20-%20Research%20%282%29.doc)
 | [ ]  | Agree |
| 1. I am familiar with the Promotion of Access to Information Act 2 of 2000 and agree to adhere to in order to protect the rights of UNISA employees and students
 | [ ]  | Agree |
| 1. I am familiar with the Standard Operating Procedure on conducting research involving UNISA employees, students and/or data [(click here)](http://staffcmsys.unisa.ac.za/cmsys/staff/contents/departments/research/docs/SOP%20for%20Research%20Permission%20-%20revised%20version%207%20-%2003-06-2016%20%28lastest%20version%29.pdf)
 | [ ]  | Agree |
| **6.3. CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4. OF 2013**1. I declare that all the information furnished by me on this form is true and correct and undertake to inform Unisa of any changes in my personal information.2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments to it and I have taken note of advice which may be applicable to Unisa researchers, non-Unisa researchers and postgraduate supervisors.3. I, as a researcher and/or postgraduate supervisor, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required research ethics processes about my participation in Unisa research ethics activities, which may include, but is not limited to:3.1 assessment of research ethics application; 3.2 internal administrative processing;3.3 assessment of complaints and investigations of alleged violations of norms and standards for the ethical conduct of research; and 3.4 institutional and scholarly research.4. I also consent that Unisa may share my personal information with other Universities of South Africa, third parties rendering database management facility on behalf of the university, the Department of Higher Education and Training, the National Health Research Ethics Council, Internal and External Auditors, and for the purpose of legislative requirements. 5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available. 6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control. 7. I confirm that I have read the notice and understand the contents thereof.**Note:** The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at [www.unisa.ac.za](http://www.unisa.ac.za) | [ ]  | Agree |
| **NAME:** |  |  |  |  |
| **DATE:** |  |  | **SIGNATURE:** |  |
|  |  |  |  |  |  |
| **6.4 RESEARCH SUPERVISOR (if applicable):** |
| To my knowledge the student has addressed all aspects in his/her planning of the research in complying with the requirements for obtaining research permission set forth in the University of South Africa’s Policy for Conducting Research Involving Unisa Employees, Students and Data.I therefore recommend that permission to conduct research involving Unisa employees, students and/or data should be granted in respect of this application.I also understand that staff and students’ personal information needed for sampling purposes and/or analysis in the research study, will not be given directly to my students but will be released into my custody as a supervisor. I promise to protect such information released to me in good faith. I will select a sample together with my student and will not give him/her staff and students’ email addresses. All data given to me will be saved in a password protected device and I will practise all due diligence to protect the data.  |
| **NAME:** |  |  |  |  |
| **DATE:** |  |  | **SIGNATURE:** |  |
|  |  |  |  |  |  |
| **6.5 RELEVANT UNISA REPRESENTATIVE (ERC CHAIRPERSON OR HEAD:OFFICE OF GRADUATE STUDIES AND RESEARCH (UNISA RESEARCHERS):** |
| To my knowledge the applicant has addressed all aspects in his/her planning of the research in complying with the requirements for obtaining research permission set forth in the University of South Africa’s Policy for Conducting Research Involving Unisa Employees, Students and Data.I therefore recommend that permission to conduct research involving Unisa employees, students and/or data should be granted in respect of this application. |
| **NAME OF COLLEGE REPRESENTATIVE:**  |  |  |
| **COLLEGE:** |  | **DATE:** |  | **SIGNATURE:** |
|  |  |  |  |  |  |
| 1. **SECTION 7: APPLICATION CHECKLIST** (All applications for permission to conduct research involving UNISA employees, students and data must be submitted to the University of South Africa’s Research Permissions Subcommittee (RPSC) chaired by the Executive Director: Research (See section 8))
 |
| * 1. **Completed all sections of the application form**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Attached a copy of the research proposal / plan (including supporting documents such as the information leaflet, consent form, cover letter and data collection instruments)**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Attached an abridged copy of the CV(s) of ALL researcher(s) involved, including the CVs of the supervisors**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Attached copies of ethics clearance certificates / letters (if applicable)**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Completed Form H – Request for access to a record of the University and personal information of UNISA employees, students and / or data (in terms of the Promotion of Access to Information Act 2 of 2000 and Protection of Personal Information Act 4 of 2013)**

**Refer to Annexure A of this application form. *This would include access to student and / or employee data bases e.g. email addresses.[[1]](#footnote-1)*** | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Indicated that the online survey will be sent through Unisa ICT**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Indicated that staff and students’ email addresses requested will be requested through my supervisor**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Indicated that during COVID-19 or any government imposed pandemic regulations, I will replace face-to-face data collections methods with MS TEAMS or will defer data collection until after the pandemic**
 |  |  |  |  |  |  |
| * 1. **In relation to 7.8 above, I have obtained an amended ethics approval certificate**
 |  |  |  |  |  |  |
| * 1. **Provided full justification for making mention of the name of the university in my study title**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Signed the declaration (Section 6)**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Obtained the signature of the research supervisor (if applicable) (Section 6.3)**
 | [ ]  | Yes | [ ]  | No | Comments: |  |
| * 1. **Obtained the signature of the college representative (College or departmental chair of the Ethics Review Committee)**
 | [ ]  | Yes | [ ]  | No | Comments: |  |

| 1. **SECTION 8: SUBMISSION PROCEDURE**
 |
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| **Return the completed application form and relevant documentation electronically on or before the due date to the following email address:** **RPSC@unisa.ac.za****If you have any queries about the application process, contact the office bearers of the RPSC below:** |
| **Secretary: Research Permission Subcommittee of the Senate Research, Innovation and Postgraduate Degrees Committee, University of South Africa** | Mrs Tanya CoetzeeAdministrative Officer: Research IntegrityResearch Support DirectorateUnisacoetzt@unisa.ac.za+27 12 429 6657 | **Deputy Chairperson: Research Permission Subcommittee of the Senate Research, Innovation and Postgraduate Degrees Committee, University of South Africa** | Dr Retha VisagieManager: Research IntegrityResearch Support DirectorateUnisavisagrg@unisa.ac.za+27 12 429 2478 |

1. *According to PAIA a “record” of, or in relation to, a public ....body, means any recorded information: (a) regardless of form or medium;(b)in the possession or under the control of that public …body, …; and whether or not it was created by the public …body…* [↑](#footnote-ref-1)