****

**APPLICATION FOR APPROVAL OF FIELD RESEARCH PROJECTS**

Fieldwork for ethical approval exclusion should not **involve capture, handling or invasive procedures** on animals. If it is solely based on observation, including snorkelling, remote observation, or be based solely on preserved specimens or tissues from collections housed at UNIVEN the applicant may exempt from AEBREC approval. A notification of recognition will be provided.

|  |
| --- |
| It must be signed by the Principal Investigator (the applicant) and other persons who are vouching for specialised aspects of the experimental **INSTRUCTIONS*** The application must be typed
* The following documents must be attached:
* Proof of Registration (If applicable)
* Registration of the Project
* FHDC Recommendation letter (If applicable)
* Conflict of interest form (Appendix C)
* Project Proposal
* Abstract
* Tools (e.g. Questionnaire, Consent Form) (If applicable)
 |

**INITIATING DEPARTMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPARTMENT**  | **Submitted** | **Day** | **Month** | **Year** |
|  |  |  |
| **……………………………….****Recommended** |  |
| **Authorized by: Head of Department** |
| **FACULTY** | **Submitted** | **Day** | **Month** | **Year** |
|  |  |  |
| **………………………………****Approved** |  |
| **Authorized by: (Faculty Executive Dean)** |

1. **TITLE OF PROJECT** (Max. 50 characters including spaces)

|  |
| --- |
|  |

1. **DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| **Title (e.g. Dr)** |  |
| **Surname and full name** |  |
| **Student / Staff Number** |  |
| **Email** |  |
| **Cell No** |  |

1. **SUPERVISOR’S DETAILS (if applicable)**

|  |  |
| --- | --- |
| **Title (e.g. Dr)** |  |
| **Surname and full name** |  |
| **Student / Staff Number** |  |
| **Email** |  |
| **Cell No** |  |

1. **PROJECT DETAILS**

|  |
| --- |
| **Start date and anticipated completion date** |
| **Start:** | **Completion:** |
| 1. **Do you have approval for the project from the relevant landowner or conservation organisation?**
 |
| YES/NO |
| 1. **Name of relevant landowner or conservation organisation:**

(Please attach a copy of the memorandum of intention for permit application where needed) |
|  |
| 1. **Will you be collecting specimens?**
 |
| YES/NO |
| 1. **If so, do you have a current permit from the relevant nature conservation organisation for collecting specimens?**
 |
| YES/NO |
| 1. **Will you be capturing and releasing animals? If yes please explain the reason.**
 |
| YES/NO/NA |
| 1. **If capturing animals, will captures be conducted by UNIVEN Representatives?**
 |
| YES/NO/NA |
| 1. **Will you be conducting non-invasive procedures on animals?**
 |
| YES/NO/NA |
| 1. **If yes, will non-invasive procedures be conducted by UNIVEN Representatives?**
 |
| YES/NO/NA |
| 1. **Will you be conducting invasive procedures on animals?**
 |
| YES/NO/NA |
| 1. **If yes, will invasive procedures be conducted by UNIVEN Representatives?**
 |
| YES/NO/NA |

**Note: If you answered YES to questions 7 and/or 9, then a full Animal Ethics Proposal application (R7b) must be completed.**

1. **SIGNATURES**

I have considered the design of this project, and in my opinion, this is the most effective and feasible protocol that has the lowest impact on the animals and the environment. This work is being conducted according to the ethical standards accepted in this field of research.

**Project Leader**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

**Other researchers involved in this project:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

**Project supervisor** *(Applicable for Student Projects)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

**Research Ethics Committee resolution:**

|  |  |
| --- | --- |
| **Approved** |  |
| **Not Approved** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname Signature Date

Chairperson, REC