

RESEARCH CONTRACTS CHECKLIST

Dear Contract Applicant,

The RO:LS provides specialized and dedicated support for the development of an array of agreements with a research focus. Agreements without a research focus should be taken to the University Legal Office for processing.

The role provided by RO:LS is shaped by the Delegation of Authority policy.

This check list provides guidelines that are designed to speed up and smooth out the contracting process by making sure that all the right information and essential supporting documents are provided.

Instructions

Please complete all shaded areas below. Attached all relevant documents indicated by *instructions in italics*.

Should you have any queries or difficulties, please give RO:LS a call on x71328 / eleni.flack-davison@wits.ac.za.

Turnaround time

All legal agreements need signatures from at least two parties. This check list will prepare an agreement up to the stage of one signature from the side of Wits University. Should the other party delay the process then the turnaround time can be lengthened considerably.

One can expect a normal turnaround time of two weeks. However, the turnaround time can be delayed by the complexity of the agreement required.

Please submit all documents in good time to the RO:LS. In the normal course two weeks will be sufficient to conclude the process. However it depends on the complexity of the matter. If the matter is urgent please call us directly. We will develop a strategy with you to expedite the process.

Regards

Legal Advisor

1) Parties Involved

a) From the Wits side

At which level is the agreement made? Please tick one appropriate block.			
University level:	<input type="checkbox"/>	Faculty level:	<input type="checkbox"/>
School/Department/ Research entity:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Please name the Wits party:			
Have you approached any other Wits office to assist with this agreement?		Yes:	<input type="checkbox"/>
		No:	<input type="checkbox"/>
If YES, please indicate which office (e.g., Wits Legal Office / Wits Commercial Enterprise / Wits Health Consortium)			
And with whom did you communicate?			
Are there any other agreements pertaining/linked to this agreement?		Yes:	<input type="checkbox"/>
		No:	<input type="checkbox"/>
If YES, please specify			

b) External parties

Please specify all the external parties to the agreement?			
Party 1:			
Name of organization:		Name of contact:	
Email address of contact:		Role of contact in the organization:	
For additional parties please record the same details on a separate page?			

2) Approvals

a) Wits University Management

Have you obtained the Dean's and/or HoS's and/or HoD's approval in accordance with the Delegation of Authority Document? Please tick one appropriate block.			
Dean:	<input type="checkbox"/>	HoS:	<input type="checkbox"/>
HoD:	<input type="checkbox"/>	Other (Research Entity Director):	<input type="checkbox"/>
If other please specify:			

Please attach correspondence from approvers.

Or provide a signature of the approver in the space provided.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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b) Ethics approvals

Is ethics clearance required for the proposed research?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If YES, please specify your ethics clearance number and attached the certificate				

3) The type of agreement required

a) Type of agreement

Please tick one appropriate block.					
Research collaboration:	<input type="checkbox"/>	Non-disclosure agreement (NDA):	<input type="checkbox"/>	Memorandum of understanding (MOU):	<input type="checkbox"/>
Research consultancy:	<input type="checkbox"/>	Material transfer agreement (MTA):	<input type="checkbox"/>	Sub-contract agreement for external grant:	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	Other (Research Entity Director):	<input type="checkbox"/>
If other please specify:					

b) Duration of agreement

When should the agreement ideally begin by? (Specify date):	<input type="text"/>
How long should the agreement last for? (Specify date of duration in months):	<input type="text"/>

c) Intellectual property (IP) considerations

Will new knowledge be created during the research programme that you will want to protect through a patent (or alternative means)?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If YES, please specify the nature of the knowledge to be protected				
If NO, please explain why you do not want the knowledge protected				

d) Expected outcomes of the agreement

Please briefly describe why you need the agreement and what are the expected outcomes of having the agreement?

e) Budget requirements

Does the agreement involve a financial budget?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If YES, please specify the maximum amount in Rands	R			
If YES, please specify the source of the funds				
If YES, have you included indirect costs (CORY) in the budget?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If NO to CORY, why not?				
If YES, has your faculty Business Manager approved the budget?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

Please attach correspondence from Faculty Business Manager.

Or provide a signature of the Business Manager in the space provided.

I have checked the budgeting and finances on this project and believe that all relevant costs (including all indirect costs and cost recovery have been added) and charges have been included and that the budget is in compliance with the DOAD and the CORY Policy

Signature:	<input type="text"/>	Date:	<input type="text"/>
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3) Declaration of conflict of interest

Are there any potential conflicts of interest that require disclosure?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
If so, please declare these here?				

4) The Principle Investigator (PI) / Contract Applicant

Who is the Wits PI or contract applicant?				
What position do you hold?				
Academic rank or student degree:		Permanent :	<input type="checkbox"/>	Contract:
Where the PI is a student please have your supervisor counter sign this check list?				
I have checked the information provided in this check list and can confirm its accuracy to the best of my knowledge				
Signature:			Date:	
Please specify all contact details of PI?				
Telephone:		Cell:		Email: