**SIGNATURES (REQUIRED)**

***Declaration: We, the signatories, declare that all information on this form is correct and that we will strive to maintain the highest ethical standards in this research at all times, according to disciplinary and university expectations, recognising that ethical practice in research is always a continuing process.***

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| --- | --- | --- | --- | --- | --- |
| I as the Principal Investigator have prepared this application. I recognise that it is my responsibility to conduct my research in an ethical manner according to Guidelines of the University of the Witwatersrand, according to any laws and/or legal frameworks that may apply, and according to the norms and expectations of my discipline. In preparing this Application for Ethics Clearance form, I have consulted the ***Guidelines for Human Research Ethics Clearance Application/Non-Medical*** (available on this website <https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/>) and have familiarised myself with the ethical guidelines specific to my discipline. I declare that no data will be collected from human participants until ethics clearance has been obtained. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |   | No |

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**By signing this form, the researcher and supervisor of this project undertake to ensure that any revisions to this application that are required by the Human Research Ethics Committee (Non-Medical) and School Ethics Committees are made and approved before data collection with human participants commences.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Name | Signature |
| **Applicant** |  |  |  |
| **Supervisor**  |  |  |  |

\*electronic signatures are permitted but there are requirements governing this – please see *Guidelines* *for Applicants* document.