



SECTION B: Ethical Clearance Application *(To be filled by Applicant (s))*
Please answer all of the following questions

1. Who are the research participants and how will they will be recruited?	
2. Provide a brief summary of the project:	
3. Outline the research plan:	
4. How will informed consent be obtained from participants?	
5. Provide details of procedures for establishing confidentiality and protecting privacy of participants:	
6. Provide details of data collection, security and storage:	
7. Give details of whether and/or how feedback will be available to participants:	
8. Does the project involve any of the following procedures?	
a) The possibility of physical or psychological injury, stress and/or discomfort? (If YES, give details)	
b) Participant involvement by any “vulnerable groups.” (If YES, give details)	
c) Does the project involve any other disciplines and/or Ethics Committees? (If YES, please state which and what approval has already been obtained - attach documentation.)	
d) Will payments to participants be made? (If YES, state amount and whether payment is for out-of-pocket expenses, or a fee.)	
e) Will the project receive financial support?	
(i) If YES, specify the nature and source of the support	
(ii) If YES, have any restrictions been imposed upon the conduct of the research? (If YES, specify the nature of the restrictions)	
f) Will any restrictions be placed on the publication of results? (If YES, please state the nature of the restrictions)	
g) Are there any other points you wish to make in justification of the proposed study?	
h) Please complete the items on the checklist shown below. (Write either YES or NO in the box following each item)	
(i) Have you completed all the questions on this form that are applicable to your project?	<i>YES/NO</i>
(ii) Have you attached an informed consent form (see below)?	
(iii) Have you attached a sample questionnaire or interview schedule (if applicable)?	

Names and Signatures of Applicants:



SECTION C: Template for Consent Form for Participation in Research Study

Title of Study: _____

Investigators:

Name: _____	Aff: _____	Phone & Email: _____
Name: _____	Aff: _____	Phone & Email: _____
Name: _____	Aff: _____	Phone & Email: _____
Name: _____	Aff: _____	Phone & Email: _____
Name: _____	Aff: _____	Phone & Email: _____

Introduction

- We invite you to participate in a research study of [*insert general statement about study*]. [*Insert the translation in Kinyarwanda*].
- We think you are a potential participant because [*explain how subject was identified, include the selection criteria*]. [*Insert the translation in Kinyarwanda*].
- We want to provide you below information and give you an opportunity to ask questions before agreeing to participate in the study. [*Insert the translation in Kinyarwanda*].

Purpose of Study

- The purpose of the study is [*explain research question and purpose*]. [*Insert the translation in Kinyarwanda*].
- The study will be [*presented as a paper, dissertation, book chapter, etc.*].



[Insert the translation in Kinyarwanda].

Description of the Study Procedures

- We want you to perform the following tasks: [*explain procedures and tasks of the participants, describe length of time for participation, frequency and duration of procedures; etc.*]

[Insert the translation in Kinyarwanda].

Risks/Discomforts of Being in this Study

- The study may involve the following risks:[*explain each risk and its likelihood*].
- [*If there are no foreseeable risks, state as such*] There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

[Insert the translation in Kinyarwanda].

Benefits of Being in the Study

- You will benefit as follows [*explain benefits of participating in the study. If a benefit is not likely to occur to each participant do not include.*]
- [*If there are no expected benefits, state as such.*]

[Insert the translation in Kinyarwanda].

Confidentiality

- We will keep personal data in confidence [*Provide details of data collection, security and storage*].

[Insert the translation in Kinyarwanda].

Payments

- Is there any payment? If none, indicate as it is.
- If yes, indicate the nature of payment: [*explain type and amount of payment.*]

Right to Refuse or Withdraw

- You may decide to withdraw from this study at any time. This will not affect you at any way, will not incur any loss or bear any consequences. You have right to ask the investigator to only use some of your personal data.

[Insert the translation in Kinyarwanda].

Right to Ask Questions and Report Concerns

- You can ask any questions related to this study at any time. You can contact me, [*name*] at [*email*] or by telephone at [*phone number*]. It is possible that we inform you the results. It is possible as well to contact the Research Directorate of Kibogora Polytechnic at 0786100759 or at kibogorapoly@gmail.com



Consent

- If you have read and understood all the above information and agree to participate to this study, you can provide your signature below.
[Insert the translation in Kinyarwanda].

Participant's Name
(print): _____

Subject's Signature: _____ Date: _____

Investigator's Signature: _____ Date: _____

Note: People who are not able to consent (e.g. children) are specified by the national law. They should be provided minimum information about the research and be given the right to accept or reject to participate to the study. The authorization of participating in a research will be given by their legal representatives. The latter should not gain any personal benefit for giving or refusing authorization.

SECTION D: Ethical Review of Research Ethics Committee

To be completed by chairperson of REC after a decision of REC plenary meeting:

[Ring the identification letter of one statement]

- A. This research may proceed without further review
- B. This research may not proceed; it clearly breaches ethical guidelines without providing justification, or it contravenes a decision already taken by the REC.
- C. This research should be referred to another competent research ethics body.

Reasons:

Signature: _____ Name: _____

Chairperson of Research Ethics Committee

Date: ____/____/____
dd mm yyy



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