

**FACULTY OF HEALTH SCIENCES**

RESEARCH ETHICS COMMITTEE

**02b/03 REVISED RESEARCH PROPOSAL**

**SUBMISSION AND REVIEW FORM**

(REC 6.0)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | Student Number |  | | | |
| Supervisor Name |  | Co-Supervisor Name |  | | | |
| Department |  | | | | | |
| Research Title |  | | | | | |
| Last REC Date |  | Last Decision | 02b |  | 03 |  |
| Reviewer 1 |  | Reviewer 2 |  | | | |
| Date Submitted |  | Version |  | | | |

**Instructions:**

* Please refer to the last Ethical Review (REC 4.0) form and respond below to (i) each item marked in the checklist as **No**, (ii) any related comments and (iii) each item in the **List of Mandatory Changes** at the end of the form.
* Responses may be a brief explanation of how the research proposal has been revised, or reasons for not revising if it is felt, in the opinion of the supervisor/researcher, that this is not required.
* Send this completed form and the revised research proposal back to the REC Secretariat.

|  |  |
| --- | --- |
| **Comment** | **Revision/Response** |
| *Reviewer 1* |  |
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| *Reviewer 2* |  |
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| --- | --- | --- | --- |
| Supervisor/Researcher Signature |  | Student Signature |  |
| Date (dd/mm/yy) |  | Date (dd/mm/yy) |  |

| For use by **reviewers ONLY** | | | | |
| --- | --- | --- | --- | --- |
|  | Review of Revised Research Proposal | Yes | No | Comments |
| 1. | Have all of the mandatory changes been adequately addressed in the revised research proposal? If **No**, please add comments indicating what still requires revision and add each mandatory change still requiring attention to the list below this table. |  |  |  |
| 2. | Have other comments/suggestions been adequately addressed or responded to (if required)? If **No**, please add comments if necessary. |  |  |  |
| 3. | In cases where the researcher/supervisor has indicated that mandatory changes will not be made, are you satisfied with the reasons? If **No**, please add comments indicating whether further changes are required. |  |  |  |

**Decision:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01 |  | 02a |  | 02b |  | 03 |  | 04 |  |

**List of Mandatory Changes:**

Click here to enter mandatory changes that are not covered in the list above. Push the [Enter] key at the end of each change to create a numbered list.

**Other Comments:**

Click here to enter any other comments not covered in the list above.

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer Name |  | Reviewer Signature |  |
| Date (dd/mm/yy) |  | Date (dd/mm/yy) |  |