

**FACULTY OF EDUCATION**

**RESEARCH ETHICS COMMITTEE**

**ETHICAL CLEARANCE RENEWAL FORM**

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| --- | --- | --- | --- |
| Student or Staff Member’s Name |  | Student/Staff Member’s Number |  |
| Supervisor Name (If applicable) |  | Co-Supervisor Name (If applicable) |  |
| Department/Centre/ Division |  |
| Research Proposal Title |  |
| Original Ethics Clearance Number |  | First Clearance Date |  |
| Last Renewal Date(if applicable) |  | Number of Renewals |  |

**Instructions:**

* Please complete all sections 1-5 below.
* If any option(s) in Section 3 are selected, please ensure that supporting Adverse Event Reporting Forms are attached to this form.
* Please provide explanations or clarifications where required.

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| **1. Stage of Ongoing Research** |
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| * 1. Data Collection Ongoing
 |  | * 1. Data Collection Complete
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| * 1. Data Analysis Ongoing
 |  | * 1. Data Analysis Complete
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| * 1. Research Report/Dissertation/ Thesis Writing
 |  | * 1. Research Report/ Dissertation/ Thesis Writing Complete
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| **2. Research Progress:** (Please provide an overall summary of the research progress from from the last clearance approval or renewal date to date whichever is applicable) |

Click here to enter your progress report.

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| **3.** **Reportable Events/Deviations, etc.**  |
| Have any of the following occurred during the period covered by this report? **Please attach all associated supporting Adverse Events Reporting forms to this form.** |
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| * 1. Serious Adverse Event(s) (SAEs)
 |  | * 1. Non-serious Adverse Event(s)
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| --- | --- | --- | --- |
| * 1. Related AE(s)
 |  | * 1. Unrelated AE(s)
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| * 1. Anticipated AE(s)
 |  | * 1. Unanticipated AE(s)
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| * 1. Proposal Deviation
 |  | * 1. Proposal Non-compliance
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| **NB 1:** SAEs and related AEs must be reported within 48 hours of discovery during the research period.  |
| **NB 2:** Non-serious AEs, related AEs, all deviations from the proposal and non-compliances must be reported within 5 working days of discovery during the research period.  |

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| 1. **Risk: Benefit Ratio**
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| Has the risk to benefit ratio changed in the period covered by this report? |
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| * 1. Yes
 |  | * 1. No
 |  |

If yes, please explain the change below and indicate any steps you have taken in relation to this:Click here to enter your explanation. |

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| 1. **Conflict of Interest**
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| Have there been any possible conflicts of interest in the period covered by this report? |
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| * 1. Yes
 |  | * 1. No
 |  |

If yes, please explain the nature of conflict(s) below, and indicate how they were addressed:Click here to enter your explanation. |

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| --- | --- | --- | --- |
| Supervisor/Researcher Signature |  | Student Signature (If applicable) |  |
| Date (DD/MM/YYYY) |  | Date (DD/MM/YYYY) |  |