Application number: Sem X-2023- YY
Reviewer:  type name here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | N/A | Compliant | Needs clarificationIncomplete | Unsatisfactory Missing |
| **Follows procedures** |  |  |  |  |
| * Approved by HOD / Department
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Approval requested BEFORE research, NOT retrospective approval
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Information and style of writing** |  |  |  |  |
| * Academic register – spelling, grammar, written for target group?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Includes contact information - details of researchers and supervisors
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Written “invitingly”?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Language ensures understanding & appreciation of processes
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Understandable – no excessive use of acronyms, abbreviations, jargon, technical terms
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Scientific basis for conducting the study**? | [ ]  | [ ]  | [ ]  | [ ]  |
| **Social or educational value evident?** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Research relevant to the needs of the participants and/or community?** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Purpose of proposed research is clear and easily understandable** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Supporting instruments provided where applicable (questionnaires, protocols, etc.)** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Legal issues** |  |  |  |  |
| * Legal capacity to consent
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Physical/mental capacity to consent
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Consent from appropriate authority?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Compliance with SA law
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Expectation of participation clearly defined** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Respect for autonomy & respect for participants**  |  |  |  |  |
| * Consent/assent (voluntary, informed, written)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Confirmation of confidentiality and privacy
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Full disclosure / no deception
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Strategies to provide participants access to results on completion of study
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Non-maleficence (absence of harm).** (Poor quality science is considered unethical. Harm could also be psychological, social, physical or economic). | [ ]  | [ ]  | [ ]  | [ ]  |
| * No coercion / No perverse or undue incentives to participate
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Suitable respect shown for participants
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * No undue risk to researchers?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Beneficence (potential benefit) clearly defined?** | [ ]  | [ ]  | [ ]  | [ ]  |
| **Justice** |  |  |  |  |
| * Leave participants or community better, or no worse off? No exploitation?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Selection, recruitment, exclusion and inclusion of participants is just and fair (procedural justice)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Sample large enough / appropriate?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Sample suitable for study? Not just convenience?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Does not “take away” from essential services e.g. Duties of healthcare workers, teaching time, work obligations etc. (distributive justice)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Vulnerable participants/communities**  |  |  |  |  |
| * Justification for their inclusion? (Can they be excluded and still answer the research question?)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Added protection for vulnerable participants?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * No exploitation
 | [ ]  | [ ]  | [ ]  | [ ]  |
| **Health & therapy related issues (e.g. Educational Psychology Students)** |  |  |  |  |
| * Research is distinct from therapy/services (highlighted as research)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| * Ancillary care is arranged. Agreement with caregiver submitted for review (**Lifeline** and PsyCad NOT acceptable)
 | [ ]  | [ ]  | [ ]  | [ ]  |

**Reviewer, please indicate the risk factor below:**

|  |  |  |
| --- | --- | --- |
| ***Risk Factor*** | ***Please select one*** | ***Motivation (brief explanation of choice)*** |
| *Low Benefit - Low Risk* | [ ]  | Motivation |
| *High Benefit - Low Risk* | [ ]  | Motivation |
| *High Benefit - High Risk* | [ ]  | Motivation |
| *Low Benefit - High Risk**(Seldom approved)* |  [ ]  | Motivation |

**Reviewer, please record your decision below:**

|  |  |
| --- | --- |
| **Decision** | **Please select one** |
| Approved | [ ]   |
| Approved with minor revisions | [ ]  |
| Major revision and resubmission required | [ ]  |
| Not approved | [ ]  |

**Please indicate comments and suggested changes to be made to the application document below:**

Type complete reviewer comments here. All non-compliance from page 1 checklist to be addresssed here.