

**FACULTY OF EDUCATION**

**RESEARCH ETHICS COMMITTEE**

**ANNUAL PASSIVE MONITORING REPORT FORM**

* The purpose of this form is for researchers to report to the REC annually on the progress of their research
* The completed form to be submitted by the researcher or student (via the supervisor) to eduetchis@uj.ac.za on each anniversary of the granting of ethical clearance

|  |  |  |  |
| --- | --- | --- | --- |
| 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 and provide explanations or clarifications where required.

|  |
| --- |
| **1. Stage of Ongoing Research (***Mark with an X inside the box***)** |
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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 Ongoing
 |  | * 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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| 1. **Informed consent of participants and assent of minors (where applicable)**
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| Have there been any challenges in obtaining consent of participants to provide data in the period covered by this report? |
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| --- | --- | --- | --- |
|  |  |  |  |
| * 1. Yes
 |  | * 1. No
 |  |

If yes, please explain details below, and indicate how they were handled:Click here to enter your explanation. |
| 1. **Changes in data collection or storage methods**
 |
| Has there been any changes in data collection methods or storage in the period covered by this report? |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| * 1. Yes
 |  | * 1. No
 |  |

If yes, please explain details below, and indicate how they were dealt with:Click here to enter your explanation. |
| 1. **Withdrawal of participants**
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| Has there been any withdrawal of participants in the period covered by this report? |
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|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| * 1. Yes
 |  | * 1. No
 |  |

If yes, please explain details below, and indicate how they were handled:Click here to enter your explanation. |

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