APPLICATION FOR INITIAL REVIEW

NB: This form must be completed by all persons/teams applying for ethical review by AUREC. Upon completion by the investigator(s)/researcher(s) it should be submitted to AUREC, Africa University, Fairfield Road, Old Mutare, P.O. Box 1320, Mutare. Application fees (to cover the costs of reviewing material submitted) should be paid to the Africa University Business Office, and proof of payment should accompany each application. Please complete all sections of this application form. If there is insufficient space on the form you may use additional pages.

Check list

This checklist is meant to aid researchers in preparing a complete application package and to help expedite review by the AUREC. Please tick all boxes as appropriate (Indicate N/A where inapplicable).

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<th>CONTACT PERSON’S NAME</th>
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One copy of application form duly completed.
Three copies of protocol summary. Please refer to Page 2 of application form for guidance. The summary should be less than 4 pages in length.
Three copies of complete research protocol (proposal).
Electronic version of summary and complete research protocol (on CD or submission by e-mail to aurec@africau.edu)
Three copies of consent forms in English and local language of the study population.
Three copies of advertisement or letter or card used for recruiting participants and any supplementary information (if applicable).
Three copies of data collection tools being administered during the study in English and local language of study population (if applicable).
Budget and timeframe included in the proposal.
Approval letter from your Faculty or institution (if you are a student)
Approval letter from your field supervisor (where applicable)
Application fee paid at AU Business Office and receipt (or copy) attached to application form.

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Signature: Principal Investigator Name Date

1. General information

1.1. Study title: ...........................................................................................................................................................................

1.2. Name of Principal Investigator (PI)/ Researcher: ________________________________________________________________

1.3. Nationality of Principal Investigator: _______________________________________________________

1.4. Proposed date of start of study: _(dd/mm/yyyy)________________________________________________________

1.5. Expected duration of study: __________________________________________

1.6. Study performance site(s) in Zimbabwe: __________________________________________________________

1.7. Sites outside Zimbabwe: __________________________________________________________

Application for Initial Review Form, Version 1.0, dated 12 February 2014
1.8. Study budget: _______________  Source of Funding: _______________

1.9. Is the researcher a student?  Yes/No

1.10. If Yes, indicate the following:

   1.10.1. Name and address of institution: ________________________________

   1.10.2. Faculty: ____________________________________________________

   1.10.3. Level of study  Undergraduate / Master’s/ PhD _________________

   1.10.4. Name of Supervisor: __________________________________________

1.11. If No to question 1.10, then indicate the following:

   1.11.1. Name and address of institution: ________________________________

   1.11.2. Academic Title of PI: _________________________________________

   1.11.3. Existing Qualifications: ________________________________________

   1.11.4. Co Investigators:

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2. Information of subjects/participants:

   2.1. Total number of human participants to be enrolled: _______________

   2.2. Source of recruitment (e.g. hospitals, schools, etc.): _______________

   2.3. Ages to be recruited (range): _________________________________

   2.4. Payment (if any) to be paid to each participant: _______________

3. Statement by the principal investigator

I ___________________________ certify that the information in this application document and the accompanying documents is true and complete in all respects. I confirm that the application has NOT been rejected by any other ethics review committee.

Signature ___________________________ Date: _______________________

4. **Guidelines for the summary**: (not more than 4 pages, 1.5 line spacing, font size 12)

   4.1. **Background**: Brief description of the background to the study including purpose and justification for the study.

   4.2. **Aim(s) and objectives**: Outline the main aim(s) and objectives of the study.
4.3. **Methodology:** Describe the study design to be used, study population and sample size, source of participants, methods of data collection, plans for data analysis and dissemination. Indicate if the study involves vulnerable populations (e.g. minors, pregnant women, prisoners, refugees, mentally retarded etc.) and justify their use.

4.4. **Risks:** Describe any potential risks, discomforts or harms that may be experienced by the participants. These may be physical, psychological, social, legal, economic or other and state procedures to minimise these. Indicate ways in which issues of privacy, confidentiality and adverse events will be handled where appropriate.

4.5. **Benefits:** Describe the benefits of the study both to the participants and to the community.