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**Declaration by the Research Proposal Committee to the Health Research Ethics Committee of no need for ethical clearance**

**Research not involving human participants, animals or with as possible environmental impact or risk to the researcher**

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| --- | --- | --- | --- | --- |
| **Scientific Committee** | **Name** | Click here to enter text. | **Discipline** | Click here to enter text. |
| **Research Entity** | Click here to enter text. | **Contact Person** | Click here to enter text. |
| **Faculty** | Click here to enter text. | **E-mail** | Click here to enter text. |
| **Title of the study:** | Click here to enter text. |
| **Researchers involved in the study:** | Click here to enter text. |
| **Executive summary of the research:** | Click here to enter text (150 words max). |
| **Research does not involve** Note: Tick all applicable blocks. Should one or more remain ethical clearance is needed | Human participants | ☐ | Comment: Click here to enter text. |
| Risk to the researcher  | ☐ |
| Potential environmental impact | ☐ |
| Any risk | ☐ |
| **Recommendation for the research ethics committee** | Exempted from review  | ☐ | Motivate: Click here to enter text. |
| **Any additional comments** | Click here to enter text. |
| **Committee members present during the review** | **Members present** |
| Click here to enter name. |
| Click here to enter name. |
| Click here to enter name. |
| Click here to enter name. |
| Click here to enter name. |
| Click here to enter name. |
| **Date of review** | Click here to enter a date. |

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| **Signature of Chairperson** |  | **Signature of Research Director** |  |
| **Date**:Click here to enter a date. |  | **Date**: Click here to enter a date. |  |

**Decision of the Ethics Committee:**

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| **Exempted from review** | **☐** | **Motivate:** Click here to enter text. |
| **Needs review** | **☐** |

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| **Signature of Chairperson of the Research Ethics Committee** |
| **Date**:Click here to enter a date. |

Developed by Minrie Greeff, 1 March 2017