# REQUIREMENTS FOR THE APPLICATION FOR ETHICAL CLEARANCE

School of Graduate Studies

#### **Requirements for the Application for Ethical Clearance**

- 1. The application has been grouped into four main sections A, B, C and D. All these forms and/requirements should be done on separate pages. Please complete all sections before it will be considered for ethical review. Submit two (2) **neatly comb bound** hard copies of the proposal and all supporting documents (i.e. letters, consent form, checklist, data collection instruments, CV.) to the School of Graduate Studies, UEW. Additionally, the applicant shall send a soft copy of all documents to the email, <a href="mailto:ethicalreview@uew.edu.gh">ethicalreview@uew.edu.gh</a>. The completed documents should reach the office, at least, two (2) months before the applicant's intention to go for data collection/fieldwork.
  - a. **Section A** requires the applicant to provide some background information about him/herself and the study being conducted.
  - b. **Section B** is the format for presenting a research proposal for the purpose of ethical clearance.
  - c. **Section** C is the Informed Consent Form for the proposed research participants.
  - d. **Section D** is the Checklist for the applicant to make sure that all ethical standards have been observed in the proposal presented for ethical clearance.
- 2. An application letter for ethical clearance by the applicant should be submitted. For other (collaborating) institutions, a letter of approval from the institution should be attached.
- 3. For students, a cover letter signed by a supervisor of the applicant should be added.
- 4. A cover letter signed by the Head of Department should be added.
- 5. Add data collection instrument(s).

#### Guidelines for.

- 1. collecting data from vulnerable in the society (children, persons living with disability, aged, refugees, etc.)
  - The applicant(s) shall indicate the type of vulnerability of the research participants; and
  - Provide a brief write-up on how data will be collected in order not to worsen their situation.
- 2. handling or dealing with discomfort.
  - The applicant(s) shall provide a brief write-up on how discomfort (traumatic situation, recount of experience, psychological distress, etc.) will be dealt with or handled. (For example, referral to psychologist or a counsellor; having a psychologist on standby, seeking the participant's approval to continue with the research, etc.)
- 3. *mitigating physical harm* (exposure to chemicals, virus, offensive smell, injury, etc.) and *psychological harm* (exposure to distress, humiliation, verbal abuse, intimidation, etc.)
  - applicant(s) shall provide a write-up on how physical harm will be prevented and indicate how participants will be protected.
  - applicant(s) must indicate how psychological harm would be handled in case of occurrence.

#### **Operational definitions**

- 1. **Consent** decision to participate as a respondent in the research or not.
- 2. **Agreement** what has been accepted or signed to be followed during the research between the researcher(s) and the respondent(s).
- 3. *Accent* consent given by children or persons unable to give informed consent to actually participate in the research

#### **Formatting**

- 1. Use Times New Roman font style and 12-point font size.
- 2. 1.5 line spacing
- 3. Paper size should be A4.
- 4. Margins:
  - Left -3.0cm and top, bottom and right -2.5cm
- 5. Proposal should not exceed 15 pages.
- 6. Merge the soft copies into a single Word document, ensuring that the contents are organized in a logical and sequential manner, as outlined in the requirements.

#### NB:

For further information, contact School of Graduate Studies, UEW or <a href="mailto:ethicalreview@uew.edu.gh">ethicalreview@uew.edu.gh</a>

# APPLICATION FORM

# **SECTION A**

# **BACKGROUND INFORMATION**

(Please type in your responses on this page)

Title of Proposal:
<b>Principal applicant/investigator</b> : (Name, Qualification (Specialty), Department, Postal Address, Telephone number, email address)
<b>Co-Principal applicant/investigator(s)</b> ( <i>if any</i> ): (Name, Qualification (Specialty), Department, Postal Address, Telephone number, email address)
UEWIRB Number (Proposal number to be provided by the UEWIRB Office):
UEWIRB Approval Date (if applicable):
Department/Faculty (if applicable):
For other (collaborating) institution(s), name of institution(s)
Source(s) of Funding:
Type of Research: (Biomedical/Social/Behavioural/Physical Sciences, etc.).

# **SECTION B**

# FORMAT FOR PRESENTING PROPOSAL

DETAILS OF PROPOSAL: This should be the format of the full proposal

1.	Synopsis (Not more than 250 words)
2.	Introduction/Rationale
3.	Justification/Statement of the Problem
4.	Purpose
5.	Objective(s) of study
6.	Research questions/Hypotheses
7.	Methodology
8.	References
9.	Work plan (Timelines)
10.	. Budget

# SECTION C INFORMED CONSENT FORM

(a)	(a) Title: [Name of research project]			
(b)	(b) Principal Investigator: [Name]			
(c)	(c) Address: [Name of institution or company and complete address]  (d) General Information about Research  (State clearly the objective(s) of the research. There must be a statement of expected duration of the participation, procedures to be followed and what the participant(s) is/are supposed to do.)			
(St				
(e)	Procedures (Tick as appropriate)  (i) Questionnaire  (ii) Interview  (iii) Focus Group Discussion  (iv) Observation  (v) Other (specify)			
<b>(f)</b>	Explain the reasons why a particular person is being selected to take part in the study (e.g. You are being invited to take part in this discussion because we feel that your experience as a social-worker can contribute much to this discussion).			
(g)	The expected duration of data collection (e.g. 40-75 minutes).			
(h)	Possible Risks and Discomforts (Description of any reasonable foreseeable risks or discomfort to the participant. Include physical, social and psychological risk if anticipated.)			
(i)	Possible Benefits (Benefits to individuals and/or society that can be reasonably expected.)			

(j) Confidentiality

(A statement describing the extent, if any, to which confidentiality of records identifying the respondents will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports").

#### (k) Compensation

(If there are any compensation packages either in cash or kind available for participants it must be clearly spelt out in terms of the actual amount to be given or gift to be given, conditions for receiving the package and when it will be given. Usually compensation should be given at the end of the study).

#### (I) Additional Cost

(Any additional cost to the participant that may result from participation in the research should be stated).

#### (m) Voluntary Participation and Right to Leave the Research

(A statement that the research is voluntary and participant can withdraw without penalty)

#### (n) Termination of Participation by the Researcher

(Any anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent must be specified).

#### (o) Contact for Additional Information

(Give an information of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the participant)

#### (p) Your rights as a Participant

This research has been reviewed and approved by the University of Education, Winneba Institutional Review Board (UEWIRB). If you have any questions about your rights as a research participant you can contact the Deputy Registrar at the School of Graduate Studies, UEW between the hours from 8:00am and before 5:00pm on week days through the phone number 0505581864 or email graduateschool@uew.edu.gh

# **VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title ( <i>name of research</i> ) has been read and explained to me. I have been given an opportunity to ask any question about the research and I am satisfied with the answers. I agree to participate as a volunteer.				
 Date	Name and signature or mark of volunteer			
If volunteers cannot read the form themselves,	a witness must sign here:			
I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.				
answered and the volunteer has agreed to take par	t in the research.			

# SECTION D

### **CHECKLIST**

Part A: Background Information of the Investigators		
1.	Proposed Title of the Study:	
	(if student investigator, move to 4 after providing title)	
2.	Principal Investigator:	
	Name:	
	Title:	
	Qualifications:	
	Postal Address:	
	Institution/Department:	
	Phone Number:	
	Email Address:	
3.	Co-Investigator 1 (if applicable):	
	Name:	
	Title:	
	Qualifications:	
	Postal Address:	
	Institution/Department:	
	Phone Number:	
	Email Address:	
	Co-Investigator 2 (if applicable):	
	Name:	
	Title:	
	Qualifications:	
	Postal Address:	
	Institution/Department:	
	Phone Number:	
	Email Address:	
4.	Student Investigator(s)	
	Name:	
	Postal Address:	
	Institution/Department:	
	Phone Number:	
	Email Address:	
	Supervisor (s) and their emails:	
a. l	Indicate Status	
	Masters Level Doctoral Level	
b. '	Thesis Approval Letter and Introductory Letter from Head of Department	

Part B: Project Information				
1.	Proposed Date of Commencement:			
2.	Proposed Project Duration (dd/mm/yy): From: / / To: / /			
3.	$\mathcal{E}$			
4.	Funding Status of Project?			
	Funding Pending Funded Not Funded Other			
5.	Source of funding (Name and address)			
6.	Research Site(s):			
7.	Data Collection Instruments			
8.	Consent Process (Tick all that apply)			
	Written			
	Thumbprint			
	Oral (English language)			
	Oral (Local language)			
	Other			
9.	Type of Research			
	Social Science Behavioural Science			
	Biomedical			
	Other (please specify)			
	Other (piease specify)			
Pa	rt C: Ethics			
	Will the study involve participants who are particularly vulnerable or unable to give			
1.	informed consent? (e.g. people under the age of 18, people with learning disabilities,			
	students you teach or assess, etc.)			
	Yes No			
	If Yes, state the category of persons?			
2.	Will it be necessary for participants to take part in the study without their knowledge and			
	consent at the time?			
	Yes No			
	Give reason for your choice.			
3.	Will the study involve any audio or visual recording of people in public places?			
	Yes No			
	Give reason for your choice.			
4.	Will the study involve the discussion of sensitive topics? (e.g. sexual activity, illegal drug			
٠.	use, illegal activities, death, whistleblowing, etc.)			
	Yes No			
	If Yes, state the topic type?			
	if i es, state the topic type.			
5.	Will the study involve invasive, intrusive or potentially harmful procedures of any kind?			
	Yes No			
	If Yes, State procedures?			

6. Is physical pain or psychological stress from the proposed project likely to cause harm or negative consequences beyond the risks in normal life?  Yes No No			
Give reason for your choice.			
7. Will financial inducements (other than expenses) be offered to any of the participants?  Yes No Give reason for your choice.			
Give reason for your choice.			
Part D: Signature			
Name of person completing the form:			
Role in the study:			
Signature:			
Date:			
For all student projects:			
Student Investigator Date Supervisor's Signature Date			
For Thesis Supervisor(s)			
I the undersigned supervisor have read through the proposal thoroughly (Scientific Review of the proposal) and reviewed the research instrument(s).			
Supervisor's Signature Date Supervisor's Signature Date			
Part E: Office Use Only			
Date received: Protocol ID No			
Recommended Review Process:			
i. General Review □ ii Expedited Review □			
Outcome of the Review Process:			
i. Approved ii Conditional iii Pending Others sp			
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#### **Application fees for UEW Ethical Clearance**

S/N	Type of Application	Fee
1	UEW Students (Ghanaian or International)	Free
2	Non-UEW Students studying in other higher educational institutions in Ghana	GHC 100.00
3	Ghanaian Students studying in other countries	GHC 200.00
4	International Students studying in other tertiary institutions	GHC 400.00
5	Research Investigators from UEW	GHC 200.00
6	Non-UEW Research Investigators (Ghanaians)	GHC 400.00
7	Non-UEW Research Investigators (Other Nationals)	USD 400.00
8	Ghanaian Research Consultancy Projects	GHC 500.00
9	International Research Consultancy Projects	USD 500.00
10	Collaboration between UEW and other Ghanaian Researchers	GHC 400.00
11	Collaboration between other Ghanaian Researchers without UEW	GHC 500.00
12	Collaboration between UEW and other International Researchers	USD 400.00
13	International Investigators	USD 500.00

#### **Application fees Payment Details**

#### Bank A - Cedi Account

Bank Name: GCB Bank PLC

Account Name: School of Graduate Studies, UEW

Account Number: 3051130003574

Branch Name: Winneba

#### Bank B - US Dollar Account

Bank Name: Republic Bank (Ghana) PLC

Account Name: University of Education, Winneba

Account Number: 0270223884112

Branch Name: Winneba Swift Code: HFCAGHAC

#### References

Basu, D., Chakraborty, S. & Sinha, A. (2022). *Research and publication ethics: a textbook.* Concept Publishing Company Pvt Ltd.

Institute for Educational Research and Innovation Studies (2022). Standard operating procedure for research and ethics committee, Institutional Review Board

University of Education, Winneba (2020). Statutes UEW Printing Press

University of Education, Winneba Ethical Review Board (UEWERB)

University of Education, Winneba School of Graduate Studies (2018). Research Ethics Policy

University of Nottingham (2016). *Code of research conduct and research ethics*. (Online): https://www.nottingham.ac.uk/academicservices/documents/academic-misconduct/code-of-research-conduct-and-research-ethics-version-6-2016.pdf (Retrieved on 29<sup>th</sup> June, 2023).