

### SIGNATURES (REQUIRED)

*Declaration: We, the signatories, declare that all information on this form is correct and that we will strive to maintain the highest ethical standards in this research at all times, according to disciplinary and university expectations, recognising that ethical practice in research is always a continuing process.*

I recognise that it is my responsibility to conduct my research in an ethical manner according to Guidelines of the University of the Witwatersrand, according to any laws and/or legal frameworks that may apply, and according to the norms and expectations of my discipline. In preparing this Application for Ethics Clearance form, I have consulted the **Guidelines for Human Research Ethics Clearance Application / Non-Medical** (available on this website <https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/>). In receiving ethics clearance, I agree to abide by the conditions of data collection as outlined in the *Guidelines* document.

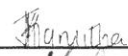



Yes



No

**By signing this form, the researcher and supervisor of this project undertake to ensure that any amendments to this project that are required by the Human Research Ethics Committee (Non-Medical) and School Ethics Committees are made before the project commences.**

	Date	Name	Signature*
<b>Applicant</b>	03-05-2021	John Karuitha	
<b>Supervisor</b>	03-05-2021	Prof. Kalu Ojah	

\*electronic signatures are permitted but there are requirements governing this – please see *Guidelines* document.