



FACULTY OF HEALTH SCIENCES
POSTGRADUATE EDUCATION, TRAINING, RESEARCH AND ETHICS UNIT

HUMAN RESEARCH COMMITTEE
CLEARANCE CERTIFICATE

PROTOCOL NUMBER : 029/2021

PROJECT : GLOBAL MENTAL HEALTH DATABANK: MINDKIND STUDY

INVESTIGATOR(S) : PROF ZUKISWA ZINGELA AND DR MELVYN FREEMAN

DEPARTMENT : PSYCHIATRY AND HUMAN BEHAVIORAL SCIENCES AND HIGHER HEALTH

DECISION OF THE COMMITTEE : APPROVED

DATE OF APPROVAL : 02 JUNE 2021

DURATION : 1 YEAR (02 JUNE 2021 TO 01 JUNE 2022)

CONDITIONS : NONE

N.B You are required to provide the committee with a progress or outcome report of the research after every 6 months. The committee expects a report on any changes in the protocol as well as any untoward events that may occur at any time during the study not later than 7 days of knowing as the investigator/s.

PROF EUGENE J. NDEBIA
CHAIRPERSON

WALTER SISULU UNIVERSITY
ACADEMIC HEALTH SERVICE COMPLEX OF THE
EASTERN CAPE
POSTGRADUATE EDUCATION AND TRAINING
FACULTY OF HEALTH SCIENCES
WALTER SISULU UNIVERSITY
P/BAG X 1, WSU, 5117, E.C
TEL: (047) 502 2100 / FAX: (047) 502 2101

07.06.2021

DATE

DECLARATION OF INVESTIGATOR(S)

(To be completed in duplicate and one copy returned to the Research Officer at Office AB 02 GF 03 Administration Building, Sisson Street Campus, Fort Gale, Mthatha, WSU)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Research Ethics Committee. I/We agree to a completion of a 6-monthly/ yearly progress report. The committee reserves the right to withdraw approval in the event that there are serious ethical violations.

..... (Signature)

N. B. Please quote the protocol number in all enquiries.

07 June 2021

..... (Date)