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| **DEPARTMENTAL ETHICS SCREENING COMMITTEE (DESC) CHECKLIST  (DATA COLLECTION)**  To be prepared by the researcher (student researcher in consultation with supervisor/promoter) and attached to the actual research proposal, and submitted to your Departmental Chair | | | | |
| **Name of researcher: Prof/Dr/Mr/Ms/Other: Dugal Harris** | | | | |
| **Department of Researcher: GEOGRAPHY AND ENVIRONMENTAL STUDIES** | | | | |
| **Title of research project: Very high resolution remote sensing of carbon stocks in subtropical thicket** | | | | |
| **If a registered SU student, degree programme: PhD** | | | | |
| **SU staff or student number: 17447585** | | | | |
| **Supervisor/promoter (if applicable): Prof/Dr/Mr/Ms: Adriaan van Niekerk** | | | | |
| **ETHICAL CONSIDERATIONS** | **Yes** | **No** |  | **ACTION REQUIRED** |
| **1. Familiarity with ethical codes of conduct** | | | | |
| As researcher I have familiarised myself with the professional code(s) of ethics and guidelines for ethically responsible research relevant to my field of study as specified in the list herewith attached, AND the ‘Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University’ | X |  |  | If YES: Continue with the checklist.  If NO: Researcher must do so before proceeding. |
| **2. The proposed research: (Go through the whole of Section 2)** | | | | |
| a) Involves gathering information directly from human subjects (individuals or groups) (e.g. by means of questionnaires, interviews, observation of subjects or working with personal data) | **Yes** | **N.a.\*** | **No**  **X** | If YES: Continue with the checklist.  If NO: This checklist process does not apply to the proposed research, except if 2 (b) applies. |
| b) Involves gathering information directly from companies, corporations, organisations, NGOs, government departments etc. that is not available in the public domain | X |  |  | If YES: Continue with the checklist.  If NO: This checklist process does not apply to the proposed research. |
| c) Is linked to or part of a bio-medical research project |  |  | X | If YES: REC clearance may be required. DESC needs to decide. |
| d) Involves gathering of information without consent/assent, i.e. will be conducted without the knowledge of the subjects of/participants in the research |  |  | X | If YES: REC clearance may be required. DESC needs to decide. |
| e) Involves collection of identifiable information about people from available records/archival material to be collected on individuals/groups/lists with personal information |  |  | X | If YES: REC clearance may be required. DESC needs to decide. |

*Mark appropriate box with:* **X**

\* **N.a.** **= in no way connected or applicable to this research project**

\*\* Please note: If the “No” option is selected it does not nullify the responsibility that rests on the researcher to ensure that ethical research practices are followed throughout the research process. The onus rests on the researcher to ensure that, should any ethical issues arise throughout the research process, the necessary steps are taken to minimise and report these risks to the supervisor/promoter of the study (where relevant), the Departmental Chair , and the REC. Furthermore: If the “No” option is chosen it does not absolve the researcher to seriously consider the possible risk that the research can in some way wrongfully disadvantage research participants and/or stakeholders or deny them fundamental rights.

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| **3. The proposed research involves the gathering of information from people in the following categories:** | | | | | | | | | | | |
|  | | **Yes** | | **No** | | |  | | |  | |
| a) Minors (persons under 18 years of age) | |  | | **X** | | |  | | | If YES for any of these categories (a-f): REC clearance may be required. The DESC must screen the proposal/project and must refer it to the REC if the ethical risk is assessed as medium or high. Then continue with the checklist.  If NO for all of these categories: Continue with the checklist. | |
| b) People with disabilities | |  | | X | | |  | | |
| c) People living with/affected by HIV/AIDS | |  | | X | | |  | | |
| d) Prisoners | |  | | X | | |  | | |
| e) Other category deemed vulnerable; SPECIFY here:  [See Glossary of SOP for definitions.] | |  | | X | | |  | | |
| f) Stellenbosch University staff, students or alumni | | **Yes** | | **No**  **X** | | |  | | | **If YES: REC clearance must be obtained**. Complete Checklist and submit to DESC. If NO: Continue with the checklist. | |
| **4. Assessment of risk of potential harm as result of research (tick ONE appropriate YES box)** | | | | | | | | | | | |
| a) **Minimal risk** (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP) | **Yes**  **X** | | | **No** | | |  | | | If YES: Established ethical standards apply. Proceed to 5, 6 and 7 and completion of checklist.  If NO: Proceed to 4b). | |
| b) **Low risk** (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP) | **Yes** | | | **No** | | |  | | | If YES: Established ethical standards apply; researcher/ supervisor / promoter must refer the project to the DESC for further guidance. Proceed to 5, 6 and 7 and completion of checklist.  If NO: Continue with the checklist. | |
| c) **Medium** **risk** (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP) | **Yes** | | | **No** | | |  | | | If YES: REC clearance must be obtained; the research project must be referred to the REC. Proceed to 5, 6 and 7 and completion of checklist.  If NO: continue with the checklist. | |
| d) **High risk** (for a classification of risk types, and definition, see Glossary and Addendum 3 in REC SOP) | **Yes** | | | **No** | | |  | | | If YES: REC clearance must be obtained; the research project must be referred to the REC. Proceed to 5, 6 and 7 and completion of checklist.  If NO: Continue with the checklist. | |
| **5. The proposed research involves processes regarding the selection of participants in the following categories:** | | | | | | | | | | | |
| 1. Participants that are subordinate to the person doing the recruitment for the study | | | **Yes** | | | **No**  **X** | | |  | | If YES: REC clearance may be required. The DESC must assess and advise.  If NO: Continue with the checklist. |
| 1. Third parties are indirectly involved because of the person being studied (e.g. family members of HIV patients, parents or guardians of minors, friends) | | | **Yes** | | | **No**  **X** | | |  | | If YES: REC clearance may be required. The DESC must assess and advise.  If NO: Continue with the checklist. |
| **6. Steps to ensure established ethical standards are applied ( regardless of risk assessment)** | | | | | | | | | | | |
| a) **Informed consent**: Appropriate provision has been/will be made for this (either written or oral) | **Yes**  **X** | | | **N.a.\*** | | | **No** | | | If YES: Develop & apply protocols and clear with DESC. Continue with checklist.  If NO: Attach justification & refer proposal to DESC for further assessment and advice. | |
| b)**Voluntary participation:** Respondents/ informants will be informed, inter alia, they have the right to refuse to answer questions and to withdraw from participation at any time |  | | | X | | |  | | |
| c) **Privacy**: Steps will be taken to ensure personal data of informants will be secured from improper access | **Yes** | | | **N.a.\***  **X** | | | **No** | | |
| d) **Confidentiality and anonymity:** Confidentiality of information and anonymity of respondents/informants will be maintained unless explicitly waived by respondent. | **Yes**  **X** | | | **N.a.\*** | | | **No** | | |
| e) **Training:** research assistants/ fieldworkers will be used to collect data, and ethics awareness will be included in their training | **Yes** | | | **N.a.\***  **X** | | | **No** | | |
| f) **Mitigation of potential risk**: Likelihood that mitigation of risk of harm to participants is required is medium/high, and appropriate steps have been/will be taken (e.g. referral for counselling) | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES: Develop protocols for submission to DESC. Continue with checklist.  If NO: Proceed with checklist. | |
| g) **Access:** Institutional permission is required to gain access to participants and has been/will be secured. Specify here from whom:  [If the permission letter required is available, submit it to the DESC. If it is not available, apply for it immediately and indicate to the DESC when it will be expected.] | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES: Develop application for authorisation, clear with DESC & apply. Continue with checklist.  If NO: Proceed to 6 (h). | |
| h) **Accountability research\***: Institutional permission to gain access to participants poses an obstacle to conduct the research. | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES/NS: Refer proposal to DESC for assessment and advice. Continue with checklist.  If NO: continue with checklist. | |
| i) **Public availability of instruments to gather data**: [When applicable] Are the instruments that will be used to gather data available in the public domain? | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES or not applicable: proceed with checklist.  If NO: Obtain permission to use the instrument(s) and submit letters of permission with the proposal to DESC for assessment and advice Continue with checklist. | |
| j) **Use of psychological tests**: [When applicable] Are the instruments that will be used to gather data classified by law as psychological tests? | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES: Indicate who will administer tests, whether they are appropriately registered and adequately trained to do so. Provide registration number and professional body. Continue with checklist.  If NO or not applicable: Proceed with checklist. | |
| k) **Protecting data from unauthorised access**: Are appropriate measures in place to protect data from unauthorized access? If yes, specify what the measures are:  Data stored on password protected private hard drive | **Yes**  **X** | | | **N.a.\*** | | | **No** | | | If YES: Specify and proceed with checklist.  If NO: Develop and put in place appropriate measures. Continue with checklist. | |
| l) **Unexpected information**: If unexpected, unsolicited data is revealed during the process of research, data will be kept confidential and will only be revealed if required by law. | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES: Proceed with checklist.  If NO: Consult on this matter with DESC. Continue with checklist. | |
| m) **Emergency situations**: If an unexpected emergency situation is revealed during the research, whether it is caused by my research or not, it will immediately be reported to my supervisor/promoter and Departmental Chair for further advice. | **Yes** | | | **N.a.\***  **X** | | | **No** | | | If YES: Proceed with checklist.  If NO: Consult on this matter with DESC. Continue with checklist. | |
| n) **Permission to use archival data**: [When applicable] Is permission granted from the custodian of the archive to use it. | **Yes**  **X** | | | **N.a.\*** | | | **No** | | | If YES: Proceed with checklist.  If NO: Consult on this matter with DESC. Continue with checklist. | |
| o) **The archive itself does not pose problems**: [When applicable] The initial conditions under which the archive originated allow you as a third party researcher to use the material in the archive. | **Yes**  **X** | | | **N.a.\*** | | | **No** | | | If YES, proceed with checklist.  If NO: Consult on this matter with DESC. Continue with checklist. | |
| **7. Conflict of interest** | | | | | | | | | | | |
| Is the researcher aware of any actual or potential conflict of interest in his/her proceeding with this research? | | **Yes** | | |  | | | **No**  **X** | | | If YES: Identify concerns, attach details of steps to manage them, and refer to DESC for assessment and advice.  If NO: No further action required, except signing the declaration and the checklist, and submitting it to the DESC with supporting documentation. |

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| **DECLARATION BY RESEARCHER:**  I hereby declare that I will conduct my research in compliance with the professional code(s) of ethics and guidelines for ethically responsible research relevant to my field of study as specified in the list herewith attached, AND the ‘Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University’, even if my research poses minimal or low ethical risk. |

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| **Dugal Jeremy Harris** | **D:\Data\Docs\MySignature.png** |
| *Print name of Researcher* | *Signature of Researcher* |
| **Date: 16/4/2015** |  |

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| *Print name of Supervisor* | *Signature of Supervisor* |
| **Date:** |  |

**DECISION OF DESC**

**Referral to Research Ethics Committee: Yes / No**

*[In the case of a referral to the RESEARCH ETHICS COMMITTEE, this checklist and its supporting documentation should be submitted, as well as the full application for ethics review, together with its supporting documentation, avoiding unnecessary duplication of documentation. Also list the ethical risks that are related to the research proposal that is submitted for review, together with the DESC’s proposals to avoid or mitigate these ethical risks. Clearly indicate in a note exactly what ethical clearance is requested for.]*

**If no referral is required, state any DESC conditions/stipulations subject to which the research may proceed (on separate page if space below is too limited):** *[Or stretch table below if required]*

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| **Any ethical issues that need to be highlighted?** | **Why are these issues important?** | **What must/could be done to minimize the ethical risk?** |
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| **Prof A van Niekerk** |  |
| *Print name of Departmental Chair* | *Signature of Departmental Chair* |
| **Date:** |  |

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| **Mrs M Cronje** |  |
| *Print name of second member of DESC* | *Signature of second member of DESC* |
| **Date:** |  |

**DOCUMENTS TO BE PROPERLY FILED IN THE DEPARTMENT AND (E-)COPIES SENT TO SU RESEARCH ETHICS COMMITTEE OFFICE. ON RECEIPT OF THIS COPY, THE RESEARCH ETHICS COMMITTEE SECRETARIAT WILL ISSUE A RESEARCH ETHICS COMMITTEE REGISTRATION NUMBER.**

Note: Departments are requested to provide staff members and students with a list of professional Code(s) of ethics and guidelines for ethically responsible research relevant to their field of study on which they can indicate by signature that they have familiarised themselves with it. The last item in the list should be the ‘Framework policy for the assurance and promotion of ethically accountable research at Stellenbosch University’.

With thanks to the Department of Sociology and Social Anthropology, Stellenbosch University of the initial concept.