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INSTITUTIONAL ETHICS REVIEW COMMITTEE

APPLICATION FOR ETHICAL APPROVAL OF A RESEARCH PROJECT

NOTE

Please refer to the guidelines before you fill the form.
Hand-written and **incomplete form** will not be accepted.

1.0 PRELIMINARY

1.1 Type of Submission(Mark appropriately)

New

Revised

1.2 Type of Project (Mark appropriately)

Undergraduate Masters Degree PhD Collaborative

Any other, specify.....

1.3 TITLE OF THE PROJECT:

.....
.....

1.4 Name of the Principal Investigator

Experience: (Relevant to proposed research)

.....
.....
.....

Address

Telephone.....

E-mail :

2.0 DECLARATION

.....
.....
.....
.....



Collaborators/Supervisors

Name	Academic qualification and discipline	Institution	E-mail and telephone	Signature	Date

3.0 PROJECT SUMMARY

- 3.1. Provide a summary of the research project in non-technical language (summary; not more than 300 words in lay language)

- 3.2. Outline the research methods to be used (*refer to the guidelines*)

Research Design:

Data collection-

Data Analysis :

- 3.3. Duration and location of study (*indicate start date and end of whole project*)

.....

- 3.4. Funding (*state the source of funding and the total budget*)

.....

4.0 PARTICIPANTS INFORMATION

- 4.1 State the number of participants to be involved

- 4.2 Age of Participants: below 6 yrs 6– 17yrs Over 18yrs

- 4.3 Gender of Participant: Male Female (Mark appropriately)



- 4.4 Inclusion and exclusion criteria:.....
- 4.5 Mode of recruitment:
- 4.6 Payment/Compensation:
- 4.7 Privacy and confidentiality :.....

5.0 DETAILS OF RISKS/DISCOMFORT AND BENEFITS

5.1 Details of Risks/Discomfort

(a) What do you consider are the risks/discomforts to the participants?

.....

(b) State precautions to minimize risks/discomforts

.....

5.2 Details of Benefits

What do you consider are the benefits to the participants?

.....

5.3 Safeguards to protect participant’s information/data

.....

6.0 APPROVAL BY ANOTHER RECOGNISED RESEARCH ETHICS COMMITTEE (Applicable for collaborative projects)

Provide the list of collaborators and state the name of the committee(s) that gave ethical approval for the collaborating partner(s)

Collaborators	Institution of the Collaborating Partner	Committee(s) that gave Ethical Approval for the Collaborating Partner(s)	Date of Approval



SUBMITTED BY

Principal Investigator's Name:

Signature: Date:.....

FOR OFFICIAL USE ONLY

APPROVED BY LAIKIPIA UNIVERSITY INSTITUTIONAL ETHICS REVIEW COMMITTEE (**Subject to withdrawal for non-compliance**)

Chairperson (Name): _____

Signature: _____

Date: _____

Send two signed hard copies of the Application and other documents to:
The Deputy Vice Chancellor,
ACADEMIC RESEARCH AND STUDENTS AFFAIRS,
Laikipia University,
P. O. Box 1100-20300, Nyahururu, and soft copy through the email: **lu-ierc@laikipia.ac.ke**

NOTE: Await for clearance from the Committee



