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**APPLICATION FOR EXTENSION OF APPROVAL**

**NELSON MANDELA UNIVERSITY RESEARCH ETHICS COMMITTEE (HUMAN)**

**PLEASE READ THE INFORMATION CONTAINED IN THIS BLOCK (pp 1) PRIOR TO COMPLETING THE APPLICATION FOR EXTENSION OF APPROVAL. THIS INFORMATION BLOCK MUST BE REMOVED PRIOR TO SUBMISSION OF THE APPLICATION. DEVIATION FROM THE INSTRUCTIONS MIGHT RESULT IN A DELAY IN THE REVIEW AND APPROVAL OF YOUR APPLICATION.**

**WHO NEEDS TO COMPLETE THIS APPLICATION?**

It is the responsibility of the Primary Responsible Person (PRP) and Primary Investigator (PI) (collectively called the researchers) to submit an application for the extension of approval for the study prior to the implementation of such an extension for any study whose period of approval is due to lapse in the next 2 months. Extension of approval is not automatic. Researchers are advised in the months prior to the lapsing of the approval period to reflect on their study and determine whether an extension is required. The application for extension of the study must be supported by a current progress report (RECH-004), which may be an updated version of the most recently submitted progress report. The application will be subject to review where after approval/non-approval (with reasons, if applicable) of the application is issued to the researchers in writing. Upon receiving written approval for the extension, the researchers may implement the extension of the study (in particular data collection activities). Unless there are extenuating circumstances, continuous applications for extension of a particular study will not be viewed in a favourable light. This application is NOT for requesting approval for a deviation from or amendments to a previously approved protocol.

**WHEN SHOULD THIS APPLICATION BE SUBMITTED?**

The digitally signed application for extension together with supporting progress report (RECH-004) shall be submitted in digital format to REC-H 4-6 weeks prior to the lapsing of the approval period and prior to the implementation of such an extension.

**HOW TO COMPLETE THIS APPLICATION FORM:**

1. Complete Sections 1 to 6 (as from pp 3) in typescript (tab between fields, select from pull-downs, information may be pasted from existing Word® documents), and save the completed form. Handwritten forms will not be accepted. Use the “Save as” option to save the application with a filename containing your name(e.g.“**J Smith** REC-H Extension 20YY”, where YY is the current year). For clarification of definition of terms, refer to the progress report (RECH-004) and/or application form template (RECH-001).
2. Append the progress report.
3. **REMOVE THE INSTRUCTION BLOCK** (pp 1).
4. **Electronic copy (signed) for submission**: Print the document, get each page initialled on the lower right hand corner and get Section 7 signed by the relevant parties. Scan in the signed hardcopy and all supporting documentation. Alternatively print the report as a PDF document, correctly appending all supporting documentation to it in a single PDF document, and sign the document digitally. Submit the signed form via email with the subject heading **RECH EXTENSION APPLICATION (*your human ethics reference code*)** to REC-H ([Imtiaz.Khan@mandela.ac.za](mailto:Imtiaz.Khan@mandela.ac.za)). Any deviation from the instructions may result in a delay in processing your application.

**END OF INFORMATION BLOCK**

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| 1. **PROTOCOL INFORMATION** | | | | | |
| **Reference code**\***:**  *\* Refer to letter(s) of approval* | **H** | **…………** | **…………** | **…………** | **…………** |
| **HUMAN** | **YEAR** | **FACULTY** | **DEPARTMENT** | **NUMBER** |
| **Current Ethics Approval is granted until**\***:**  *\* Refer to current letter of approval* | | Click or tap to enter a date.  **Signed copy of original approval letter must be**  **attached as addendum to this report.** | | | |
| **Approved title of study:** **Type title here** | | | | | |
| **RESEARCHERS:**  ***Please note -*** ***The Protection of Personal Information Act, 2013 (POPI Act) has been promulgated and implemented on 1 July 2020. All personal identifiable information provided by you shall be treated in accordance with this statute and only used for research ethics application and/or reporting processes, as indicated in the University’s Privacy Policy. By providing your information, you are giving your consent for the use of all of your personal identifiable information, provided to the University, for the aforesaid purposes.*** | | | | | |
| 1. PRP identification and affiliation details:   **Type PRP staff number here Type PRP name here Type PRP Email address here**  Faculty **Select Faculty** **Specify here, if “other”** Department (or equivalent): **Type department name here** | | | | | |
| 1. PI (may be same as PRP) identification and affiliation details:   **Type PI staff number/student number here Type PI name here Type PI Email address here**  Faculty **Select Faculty** **Specify here, if “other”** Department (or equivalent): **Type department name here** | | | | | |

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| 1. STATUS OF DATA COLLECTION PROCEDURE(S) | | |
| Recruitment has NOT yet commenced.  If YES, please provide reasons for not having yet commenced with recruitment of participants.  **Type response here or select “Not applicable”** | | |
| Recruitment commenced on Click or tap to enter a date. and is currently continuing | | |
| Recruitment commenced on Click or tap to enter a date. and closed on Click or tap to enter a date.  (select relevant status below) | | |
|  | Enrolment commenced on Click or tap to enter a date. and is currently continuing | |
|  | Enrolment commenced on Click or tap to enter a date. and closed on Click or tap to enter a date.  (select relevant status below) | |
|  |  | Data collection related activities are ongoing  Data collection related activities are complete, possible further engagement with participants |

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| 1. PREVIOUS AMENDMENTS/EXTENSIONS |
| No amendments/extensions have been made since original approval of study |
| All amendments/extensions to the original study have already been requested and approved by REC-H (provide a brief summary of all previous amendments/extensions previously approved below)  **Type response here or select “Not applicable”** |

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| 1. PERIOD OF EXTENSION FOR WHICH APPROVAL IS REQUIRED |
| Request an extension of data collection activities until Click or tap to enter a date. |

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| 1. MOTIVATION FOR EXTENSION OF DATA COLLECTION ACTIVITIES |
| Please provide a summary (max. 1 pages) of the reason(s) for requesting an extension: |
| **Type summary here** |

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| 1. ADDITIONAL COMMENTS |
| I would like the REC-H to take note of the following additional information: **Type response here or select “Not applicable”** |

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| 1. DECLARATION |
| I declare that the details contained in the application for extension of the study and attached progress report are complete and accurate. |
| **01 June 2022**  SIGNATURE: **Type name here** (Primary Responsible Person) Date |
| **01 June 2022**  SIGNATURE: **Type name here** (Principal Investigator/Researcher) Date |