



NORTHRISE UNIVERSITY ETHICAL CLEARANCE APPLICATION FORM

1. NUREC NEW RESEARCH PROPOSAL SUBMISSION FORM

Northrise University Research Ethics Committee (NUREC) Application Form for Initial Review of Research Proposal

Section A: Applicant Details

- i. Principal Investigator (PI):.....
- ii. Department/Faculty/Organization:.....
.....
- iii. Contact Information (Email & Phone):.....
.....
- iv. Co-Investigators (if any):.....
- v. Student/Staff (Specify):.....

Section B: Research Project Information

- i. Title of Study:.....
.....
- ii. Type of Study (Qualitative/Quantitative/Mixed):.....
- iii. Study Site(s):.....
.....
- iv. Duration of Study:.....
- v. Estimated Start Date:.....
- vi. Funded? (Yes/No). If yes, specify sponsor/funder:.....
.....
- vii. Has this protocol been submitted elsewhere? (If yes, specify where):.....
.....

Section C: Ethics Checklist

- i. Informed Consent process explained (Yes/No)
- ii. Participant Risk Assessment completed (Yes/No)
- iii. Vulnerable populations involved? (Yes/No). If yes, explain:.....
.....

.....
.....
.....
.....
.....
iv. Data Privacy and Confidentiality addressed (Yes/No)

Section D: Required Attachments

- Research Proposal (with objectives, methods, expected outcomes)
- Data Collection Tools (e.g., questionnaires, interview guides)
- Participant Information Sheet & Informed Consent Form
- Principal Investigator (PI) CV and qualifications

Declaration:

I declare that the information provided is true and I agree to abide by NUREC and NHRA guidelines.

Signature: _____ Date: _____

2. NUREC PROTOCOL AMENDMENT FORM

Northrise University Research Ethics Committee (NUREC) Application for Amendment of Approved Protocol

Study Details:

- i. Protocol Number:.....
- ii. Title of
Study:.....
.....
- iii. PI Name and Contact:
- iv. Date of Initial NUREC Approval:

Proposed Amendment(s):

- Description of Amendment(s) (tick and explain):
 - ☐ Change in study
title:.....
.....
 - ☐ Change in PI or research
team:.....
.....
 - ☐ Modification to
methodology:.....
.....

- ☐ Change in informed consent
process:.....
- ☐ New data collection
tool(s):.....
- ☐ Change in study
site(s):.....
- ☐ Other
(Specify):.....

Justification for Amendment:

(Provide brief rationale for the proposed changes):.....

Supporting Documents (attach where applicable):

- Revised Protocol
- Updated Consent Form
- Revised Tools

Declaration:

I certify the amendment complies with ethical standards and seek NUREC's approval.

Signature: _____ Date: _____

3. NUREC ANNUAL RECERTIFICATION FORM

Northrise University Research Ethics Committee (NUREC) Annual Renewal / Continuing Review Form

Project Details:

- Protocol Number:.....
- Title of Study:
.....
.....
.....

- PI Name and
Department:.....
.....
- Date of Initial Approval:...../.../.....
- Expiry Date of Approval:...../.../.....
- Study Status:
.....
.....
.....
.....
 - ☐ Ongoing
 - ☐ Completed
 - ☐ On hold
 - ☐ Terminated

Progress Summary:

- Number of Participants Enrolled:.....
- Any adverse events reported? (Yes/No – if yes, attach report)
- Deviations or complaints received? (Yes/No – if yes, explain)
- Summary of Results so far (attach report if applicable):

Attachments Required:

- Updated Investigator Brochure (if applicable)
- Summary of protocol performance
- Current informed consent forms
- Any new publications or presentations

Declaration:

I hereby apply for continuing ethical approval of the above protocol and confirm compliance with NUREC/NHRA requirements.

Signature: _____ Date: _____