



**Adventist University of Africa**  
**Institutional Scientific Ethics Review Committee (AUA-ISERC)**  
**Application Form**

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**Instruction:**

- a) **READ THE RESEARCH ETHICS GUIDELINES BEFORE FILLING OUT THIS FORM**
- b) This Form should be filled out by the Principal Investigator/Researcher.
- c) Complete this Form and send it together with (1) the submission checklist and (2) other supportive documents to AUA-ISERC <[ethics@aua.ac.ke](mailto:ethics@aua.ac.ke)>
- d) An incomplete application will not be accepted or processed.

**A. General Information**

- 1. Title of Research Study: \_\_\_\_\_
- 2. Name of Principal Investigator/Researcher: \_\_\_\_\_
- 3. Phone Number: \_\_\_\_\_
- 4. Email: \_\_\_\_\_
- 5. University/Institution: \_\_\_\_\_

**B. Type of Submission for Ethics Review:** ☐ New proposal    ☐ Resubmission

**C. Type of Research Study— Tick only one option R**

AUA Research Activities	External Research Activities
1. <input type="checkbox"/> AUA Doctoral Student Research	1. <input type="checkbox"/> Institutional Research
2. <input type="checkbox"/> AUA Masters' Student Research	2. <input type="checkbox"/> Individual Research
3. <input type="checkbox"/> AUA Faculty /Staff Research	

	3. <input type="checkbox"/> Doctoral Student Research 4. <input type="checkbox"/> Masters Student Research 5. <input type="checkbox"/> Undergraduate Student Research
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**D. Funding:** Is research being funded? Yes ( ☐ )      No ( ☐ )

If YES, Source of funding: \_\_\_\_\_

**E. Research Timeline**

1. Proposed start date of the study: \_\_\_\_\_

2. Anticipated end date of the study: \_\_\_\_\_

**F. Supportive Documents**

- Submit a copy of your research proposal (including the AUA-ISERC checklist, evidence of ethics training, a research proposal, informed consent, and instruments) together with this Form to [ethics@aua.ac.ke](mailto:ethics@aua.ac.ke).
- AUA students also submit the signed Proposal Correction Confirmation Form.
- For external researchers, attach the payment receipt for the ethics review.

**Declaration (by Principal Investigator/Researcher)**

I, \_\_\_\_\_ certify that the information provided above is complete and accurate. I agree to conform to the procedures as described and to conduct the research with the highest respect and regard for the participants' right to be protected from undue risk or invasion of privacy. If changes to the procedure become necessary, I agree to seek prior approval from the AUA-IERC.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature & Date

***FOR OFFICIAL USE ONLY***

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**Proposal Number** \_\_\_\_\_

**Date Received** \_\_\_\_\_

<b>Committee Action</b>	<b>Remarks</b>
<input type="checkbox"/> Approved	
<input type="checkbox"/> Conditionally Approved	
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Does not require review by the C'tee:	
<input type="checkbox"/> No Decision made	

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Committee Secretary

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Signature & Date

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Committee Chair

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Signature & Date