



**EKITI STATE UNIVERSITY, ADO-EKITI**  
**OFFICE OF RESEARCH AND DEVELOPMENT**



*Ref: ORD/AD/EAC/20/043*

**ETHICAL APPROVAL CERTIFICATE**

DRAFT

This is to certify that this study titled:.....  
.....has been  
approved through University procedures for ethical approval of research.

Name of Researcher/Lead Researcher:.....

.....  
**Research Officer, ORD**

.....  
**Director, ORD**

**EKITI STATE UNIVERSITY, ADO-EKITI, NIGERIA**  
**OFFICE OF RESEARCH AND DEVELOPMENT**

**APPLICATION FOR ETHICAL APPROVAL**

**PART A– to be completed by applicant**

ALL QUESTIONS IN PART A MUST BE ANSWERED.

<b>1. Title</b>	
<b>2. Principal Investigator</b>	
<b>3. Proposed Research Duration</b>	

**1. RISKS TO PARTICIPANTS:** What risks to the subject are entailed in involvement in the research? Are there any potential physical, psychological or disclosure dangers that can be anticipated? What is the possible benefit or harm to the subject or society from their participant or from the project as a whole? What procedures have been established for the care and protection of subjects (e.g. insurance, medical cover) and the control of any information gained from them or about them?

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**2. RECRUITMENT PROCEDURES:** Is there any sense in which participants might be ‘obliged’ to participate? If participation is compulsory, the potential consequences of non-compliance must be indicated to participants; if voluntary, entitlement to withdraw consent must be indicated and when that entitlement lapses.

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3. **CONSENT:** Please give details of how consent is to be obtained. A copy of the proposed consent form, along with a separate information sheet, written in simple, non-technical language **MUST** accompany this application.

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4. **CONFIDENTIALITY & ANONYMITY:** How do you propose to ensure participants' confidentiality and anonymity? Please state those who will have access to the data and what measures will be adopted to maintain confidentiality of the research participants.

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5. **VULNERABLE INDIVIDUALS:** Specify whether the research will include people with disability or handicapped.

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6. **PAYMENTS AND INCENTIVES:** Will payment or any other incentive, such as a gift or free services be made to any research participant? If so, please specify and state the level of payment to be made and/or the source of the funds/gift/free service to be used. Please explain the justification for offering payment or other incentive.

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7. **PROTECTION OF RESEARCHERS:** Please state briefly any precautions being taken to protect the health and safety of researchers and others associated with the project (as distinct from the research participants).

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8. **HOW WILL YOU BRIEF AND DEBRIEF PARTICIPANTS?** (Attach a copy of information to be given to participants)

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9. **THIRD PARTY DATA:** Will you require access to data on research participants held by third party? In cases where participants will be identified from information held by another party (for example, a doctor or school) describe the arrangements you intend to make to gain access to this information.

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10. **MONITORING OF RESEARCH:** What procedures are in place for monitoring the research?

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11. **ANTICIPATED USE OF RESEARCH DATA:** What is the anticipated use of the data, forms of publication and dissemination of findings, etc?

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Signature of Principal Investigator	Date

## **PART B –to be completed by the Ethics Committee**

Sexual and Intimate Partner Violence in Ekiti State: A Formative Research.

**Principal Investigator:**

Name:

Title:

Institution:

**Reviewer's recommendation (√):**

<b>Accept</b>	
<b>Request modifications</b>	
<b>Reject</b>	

**Reviewer's Comments**

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**Committee's recommendation**

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**Signature (Chair of the Ethics Committee)**

**Date**



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**PROCEDURE FOR COLLECTION OF ETHICAL APPROVAL CERTIFICATE**

1. Payment of processing fees to the account of the Office of Research and Development by the following categories:
  - a. Undergraduate Student = ₦1,000.00
  - b. Postgraduate Student = ₦5,000.00
  - c. Academic Staff = ₦10,000.00

The account detail is as follows:

**Bank Name: Heritage Bank**

**Account Name: EKSU Office of Research and Development**

**Account Number: 6002335000**

2. Scan the teller /receipt and send to this e- mail: [ejst@eksu.edu.ng](mailto:ejst@eksu.edu.ng) for confirmation of payment after which the application for the Ethical Approval Form will be sent to you.
3. Fill and return the same for the processing of the certificate.
4. Attach your research proposal /article with Ethical Approval form on submission for further processing before the certificate is issued.

Attached is the Application For Ethical Approval Form