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**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION**

**APPLICATION FORM FOR INSTITUTIONAL ETHICS REVIEW COMMITTEES IN KENYA**

Application Form for Institutional Ethics Review Committee Accreditation/Renewal of Accreditation

1. Name of Institution

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1. Name of Institutional Ethics Review Committee (IERC)

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1. Institutional Ethics Review Committee Address

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| --- |
| Physical: |
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|  |
|  |
|  |
| E-mail: |
|  |
| Website: |

1. IERC Contact Officer

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| --- |
| Name: |
| Position: |
| E-mail: |
| Phone: |
|  |

1. IERC Chairperson

|  |
| --- |
| Name: |
| Position: |
| E-mail: |
| Phone: |

1. IERC Secretary

|  |
| --- |
| Name: |
| Position: |
| E-mail: |
| Phone: |
|  |

*Scope of Accreditation (eg Social, Biomedical, environmental)*

1. List the organizations served by the IERC

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| --- |
|  |

1. Please indicate how the membership of your proposed IERC is constituted

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Gender | Category  (eg Chair, lay) | Academic Qualifications | Membership to Professional body (Name) | Area of Specialization | Affiliation (Institution) | Ethics Training (Yes/No) |
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1. Gender Composition

|  |  |
| --- | --- |
| Number of Males | Number of Females |
|  |  |

1. Has the IERC developed Standard Operating Procedures?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. (a) If yes to above, attach the Standard Operating Procedures

(b) If no, explain

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1. Has the IERC been accredited by the NACOSTI in the Past?

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| --- | --- |
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1. If yes in 12 above, indicate the date of notification and number (NACOSTI/

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1. Declaration (to be signed by the Appointing Authority of the institution referred to in 1 above)

I hereby declare that the information given in this form and any attachments are correct;

Name of IERC:

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Name of Institution:

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Name and Designation

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| --- | --- |
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Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp of Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Official Use**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_