# Form 2: Application Form for Fisheries and Aquaculture Research Ethical Clearance



**THE UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF LIVESTOCK AND FISHERIES**

**TANZANIA FISHERIES RESEARCH INSTITUTE**

**(TAFIRI)**

**APPLICATION FORM FOR FISHERIES AND AQUACULTURE RESEARCH ETHICAL CLEARANCE**

|  |  |
| --- | --- |
| 1. Applicant Personal Particulars    Surname ………………………………………..……………  First Name ………………………………...………... | attach applicant’s passport size photo |

Title (Mr./Mrs./Ms./Miss./Prof./Dr.) (\*delete whichever is not applicable)

Nationality…………………………........................................

Passport Number / National ID Number\* (\*delete whatever is not applicable) ……………………………………..………………………….

Date of birth…………………………………………….............................

Highest academic qualification…………....……………………………...

Institutional Affiliation ……………………………………………………..……....……….

Town/City………………………………………………….………………….

Region/Province/State……………………….........................……………

Country…………………………………………………………….………

Permanent address……..........……………………………….…………….

Phone ..........................................................................................................

Email address...............................................................................................

Contact address while in Tanzania (Foreign Researchers) ................................ ........................................................................................................................

2. Title of proposed research project ...............……………………..………...

……………………………………………………………...……………………………

…………………………………………………………………………………………..

3. Theme ……………………………………………………………………………………… ………………………………………………………………………………………………

1. Purpose of research: Institutional Activity / Contractual Research / R&D / To attain a degree PhD/MSc/B.Sc/BA/ others (specify) (delete the inapplicable)………………………………………………………….…………………….

5. Research objectives

………….…………...........................………………………………………

…………………………………………………………………………………

………………………………………………………………………………….

6. Field sites where research will be conducted

……………………………………………………………...………………

………………………………………………………………………….……

7. Duration of research (months) …………………………………….

8. Expected start date (Day/Month/Year) ……......……………………

9. Expected end date (Day/Month/Year) ……......…………………….

10. Source of funds …………...…………………………………………...

11. Which live aquatic fauna/flora species will you focus on during your research?

………………………………………………………………………………

………………………………………………………………………………

12. What is the status of the species under the IUCN Red List?

………………………………………………………………………………

………………………………………………………………………………

13. Name of the species and how many live aquatic fauna do you expect to include (Species name & Number of specimens)

Species names: and numbers in brackets …………………………………………………………………………….…

…………………………………………………………………………….………...

14. Have you ever obtained a Fisheries and Aquaculture Ethical Clearance Yes/No

15. If Yes in 6 above explain briefly

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

16. Will you have a focus on any biological material? Blood /DNA extract, or any other materials during the research? Yes / No

17. If yes, how do you intend to treat/sacrifice the aquatic fauna?

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

18. How do you intend to dispose of the materials?

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

19. I agree to abide by the data transfer agreement (DTA) and material transfer agreement (MTA) of TAFIRI. Yes/No...

20. References (provide names and addresses /telephone number/email of two referees, one of whom should be based in Tanzania)

……………………………….........…………………………………………

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

21. Name and address of local collaborator (for foreign researchers)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

22. Declaration: I ………………………………………………………

Declare that the information provided herein is true and I will be accountable for any information that will be found to be false or untrue.

Signature of applicant ……………………...………………..

Date (Day/Month/Year) ……......…………………………...