NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

APPLICATION FORM FOR INSTITUTIONAL SCIENTIFIC AND ETHICS REVIEW COMMITTEES IN KENYA

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

1. Name of Institution

2. Name of Institutional Scientific and Ethics Review Committee (ISERC)

3. Indicate type of accreditation being sought (Tick as appropriate)

Initial	
Renewal	
Mandate expansion	

4. Has the ISERC been accredited by the Commission in the past? Put a tick as appropriate

Yes	**No**

5. If yes in 4 above, indicate the certificate number

6. Institutional Scientific and Ethics Review Committee Address

Physical:
Email:
Website:

7. ISERC Contact Officer

Name:
Position:
E-mail:
Phone:

8. ISERC Chairperson

Name:
Position:
E-mail:
Phone:

9. ISERC Secretary

Name:
Position:
E-mail:
Phone:

10. Scope of Accreditation (Tick where applicable)

S/No	Area of Accreditation	Tick
1.	Agricultural and natural resource sciences	
2.	Physical, industrial and energy sciences	
3.	Biological and health sciences	
4.	Infrastructure, information and communication sciences	
5.	Humanities and social sciences	
6.	Earth and space sciences	
7.	Clinical Trials	
8.	Animal Research	

11. List the Institution (s) constituting the ISERC

12. Please indicate how the membership of your proposed ISERC is constituted (The Table below can be converted to landscape)

S/N	Name	Gender	Age Bracket (Years) ≤35; 36 - 55; ≥56	Role (e.g. Chair, layperson, member)	Academic Qualifications	Membership to Professional body (Name)	Area of specialization	Affiliation (Institution)	Evidence of Research Ethics, HPP, GCP, animal science/Welfare training
1.									
2.									
3.									
4.									

Add rows as necessary.

13. Gender Composition (The committee is expected to meet the 'third' gender rule)

Number of Males	Number of Females

14. Has the institution set aside adequate staffing, facilities, infrastructure, and financial resources to support the ISERC carry out its responsibilities? Confirm availability of the following:

S/No	Item	Remarks/Notes
1	Permanent staff and Contract/temporary staff for the Secretariat support, including their academic qualifications and experience	
2	Does the administrator possess the requisite qualifications and experience?	
3	Adequate Infrastructure, office space(s), and equipment (computers, internet connectivity, stationery, telephones, photocopying machines) for ISERCs activities	
4	Proposed budgets (current budget in case of renewal or mandate expansion)	

6	Policies regarding public information disclosure (transparency) e.g service, newsletters, website etc	

15. Have the Standard Operating Procedures been approved by the institution?

Yes	No

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

(b) If no, explain

17. 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 true and correct;

Name	Designation

Signature:_____ Date: _____

Official Stamp of Institution:

For Official Use

Date Received: _____

Decision: _____

Notification Date: _____