## **C:\Users\Rebecca.Cairns-wicks\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\LEKUM6PY\SHG Coat of Arms (With Lettering).png**

***For Research Institute use***

Date Received:

Reference No:

St Helena Research Institute

St Helena Island

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[www.sthelenaresearch.edu.sh](http://www.sthelenaresearch.edu.sh)

## **Application to Conduct Scientific Research on St Helena**

## ***Please ensure that you have read ‘Guidelines for applicants’ & ‘Protocol for researchers’ before completing this form. Complete all the sections relevant to your application.***

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| **1. APPLICANT DETAILS**  |
| **1.1. Name of lead applicant**  | (please attach your CV, or a brief summary of your relevant professional qualifications, publications and position) |
| **1.2 Organisation or Institution** |    |
| **1.3 Position** |    |
| **1.4 Student Supervisor** *(if appropriate)* |   |
| **1.5 Contact details** | **Email:**  **Phone:**   |
| **1.6 Postal address** |     |
| **1.7 Date of application** |    |

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| **2. PROPOSED RESEARCH**  |
| **2.1 Project title** |     |
| **2.2 Which of the following fields does the proposed research address?** | 1. Natural Science (e.g. Ecology, Botany, Zoology, Entomology) [ ]  2. Earth Science (e.g. Meteorology, Geology, Geography, Hydrology, Volcanology, Oceanography, Astronomy) [ ] . Medicine & Health Science [ ]  4. Agricultural Science [ ]  5. Engineering & Technology [ ]  6. Social Science [ ]  7. Humanities (e.g. Anthropology & Archaeology) [ ]  8. Other [ ] , please specify |
| **2.3 Duration of project***(Please give start and end dates as specified on research project funding proposal)*   |  |
| **2.4 Dates of proposed visit(s) to St Helena** | **Arrive:** **Depart:**  |
| **2.5 Location of intended** **Research** *(Please specify the study sites where the research will take place)* |   |
| **2.6 Names, organisations and positions of all additional researchers, assistants and personnel who will be involved in the proposed research on St Helena***(please include CVs or a brief summary of relevant experience, professional qualifications and position for all additional researchers with responsibility for delivering project outputs)* |
| **NAME**  | **ORGANISATION**  | **PROJECT ROLE / POSITION**  |
| 1.   |   |   |
| 2.  |   |   |
| 3.  |   |   |
| 4.  |   |   |
| 5.  |   |   |
| **2.7 Do you require technical / logistical support with your project? (e.g. access to internet; secure storage, cold storage, bench space, field support).** *(If yes, please provide details of the support required below)*  | **YES** |   | **NO**  |   |
| **2.8 Type of support**  | **Include brief description of support required, estimated number of days / person days required, and at which locations / study sites below.** |
| **2.8.1** Fieldworkers / guides  |   |
| **2.8.2** Use of office or bench space / internet access / storage at Research Institute  |   |
| **2.8.3** Assistance in securing accommodation, transportation or field guide  |  |
| **2.8.4** Other, please specify  |     |
| **2.9 Has funding been secured for the proposed research?** Please confirm funding source.  |  |
| **2.10 Has your project been vetted by an ethics committee?** *(If yes, give details and attach reports, as appropriate)*  | **YES**  |  | **NO**  |  |

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| **3. DETAILS OF PROPOSED RESEARCH**  |
| **3.1 Describe the aims, methodology and intended outcomes of your proposed research.** *(please limit your description to 500 words and attach relevant background material if appropriate, this could be documentation setting out the full project proposal)* |
|            |
| **3.2 How will the outcomes of the proposed research benefit St Helena?** (e.g. enhance management, contribute to future legislation and research?) |
|  |
| **3.3 What steps have you taken to ensure that this research has not been undertaken before or how will this enhance or build on previous research?**  |
|     |
| **3.4 Are any local capacity building or public engagement activities planned as part of the proposed research?** *(e.g. shared learning or training opportunities for Government or non-Governmental staff)*  |
|     |
| **3.4 Identify any potential social and or environmental impacts of the proposed research and describe any mitigation measures that will be put in place to minimise such impacts.**  |
|     |
| **3.5 What health and safety/ protection measures have you put in place for your research?**  |
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| **3.6 Have relevant local authorities or organisation been informed or engaged in the planning of the research? If so, please state who you have been in contact with.** |
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| **4. MEDICAL, HEALTH, SOCIAL & ANTHROPOLOGICAL RESEARCH**  |
| 4.1 Will you be working with people?  | **YES**  |  | **NO**  |  |
| 4.2. Do you have a Disclosure and Barring Service (DBS) certificate or its equivalent? | **YES**  |  | **NO**  |  |
| 4.3 Do you need to take samples of biological material? | **YES**  |  | **NO**  |  |
| ***If you have answered yes to 4.1 and 4.3 above, please complete the rest of the section to help us assess & identify whether the research impacts on local law and policies and if additional approvals are required.*** |
| **4.4 Describe how you will be collecting research data**  |
| **4.5 If you will be taking samples, describe type of sample, how many do you need and why, proposed method of collection and where they will be sent.** |
| Type of sample  |  |
| Number of samples  |  |
| Methodology and justification |  |
| Where will these samples be sent?  |  |
| **4.6 How will the data be managed?**  |
| **4.7 Name all persons who will be responsible for conducting the procedures described above and outline their relevant qualifications, training and experience.** |
| **NAME**  | **QUALIFICATIONS**  | **TRAINING & EXPERIENCE**  |
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| **5. NATURAL, AGRICULTURAL & EARTH SCIENCES** |
| **5.1 Will you need to access a National Conservation Area (NCA) or Marine Protected Area (MPA)?**  | **YES** |  | **NO** |  |
| **5.2 Will you need to access private land?** | **YES** |  | **NO** |  |
| **5.3 Does the proposed research involve the use of specialised equipment?** | **YES** |  | **NO** |  |
| **5.4 Will you be working with species protected under the Environmental Protection Ordinance, (EPO) 2016?**  | **YES** |  | **NO** |  |
| **5.5 Do you need to capture, kill or interfere in any way, with any plant, fungi or animal?**  | **YES**  |  | **NO**  |  |
| **5.6 Do you need to take samples of any biological material?**  | **YES**  |  | **NO**  |  |
| **5.7 Do you need to take rock or soil samples?**  | **YES**  |  | **NO**  |  |
| **5.8 Do you need to take water samples?**  | **YES**  |  | **NO**  |  |
| ***If you have answered yes to any of the above, please complete the rest of the section to help us assess whether you require a licence in accordance with the EPO (2016), or any other St Helena law.***  |
| **5.9 Have you discussed work in the NCA or MPA with the relevant Government Officer?**  |
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| **5.10 Do you have permission of the landowner to access private land?** |
|  |
| **5.11 Please state any protected species (under the EPO) that will be affected by the proposed research?** |
|  |
| **5.12 If your project involves killing, capturing, or interfering in any way with any plant, fungi or animal, please provide the following information.** |
| **SPECIES**  | **SITE**  | **TYPE OF SAMPLE**  | **NUMBER/QUANTITY**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Proposed method** *(including details of capture methods and handling techniques)* **Justification for method and quantities listed**  |
| **5.13 Name all persons that will be responsible for conducting the procedures described above and outline their relevant qualifications, training and experience.**  |
| **NAME**  | **QUALIFICATIONS**  | **TRAINING & EXPERIENCE** |
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| **5.14 If you will be taking samples / specimens from habitats e.g. soil cores, rock, water, what and how many do you need and where will the samples be sent?**  |
| **TYPE OF SAMPLE**  |  |
| **LOCATION / SAMPLE SITE**  | **NUMBER OF SAMPLES REQUIRED**  | **TOTAL ESTIMATED MASS/VOLUME OF SAMPLES**  |
|  |  |  |
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| **5.15 Where will these samples be sent?**  |  |
| **5.16 Does your proposed method of importation meet the importing or transiting country (ies) requirements?**  |
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| **6. BUILT & MARITIME HERITAGE & ARCHAEOLOGY**  |
| **6.1 Does the proposed research interfere in any way with any known terrestrial historic structure, or archaeological site?**  | **YES** |  | **NO** |  |
| **6.2 Does the proposed research interfere in any way with any maritime archaeology or wreck?**  | **YES** |  | **NO** |  |
| **6.2** **If not already described in 3.4 confirm mitigation to be carried out.** |
| **6.3** In order to conduct work on a heritage structure or archaeological site you must first get permission from the Planning Officer ismail.mohammed@sainthelena.gov.sh. If the structures are privately owned you will also need the permission of the owner. Contact Gina Henry at the SHG Property Division gina.henry@sainthelena.gov.sh. You must provide evidence of permission before the research licence will be issued. |
| **6.4 If you will be taking samples / specimens from historic / archaeological sites how many do you need and why, proposed method of collection and where will they be sent?** |
| **TYPE OF SAMPLE**  |  |
| **LOCATION / SAMPLE SITE**  | **NUMBER OF SAMPLES REQUIRED**  | **METHODOLOGY**  |
|    |   |   |
|    |   |   |
|  |  |  |
| **Where will these samples be sent?**  |  |

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| **7. SUPPORTING INFORMATION**  |
| **7.1 Are you submitting supporting documentation that may be relevant to your application? (If yes, please list)** | **YES**  |  | **NO**  |  |
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| **8. EXPORT AND IMPORTATION PERMITS**  |  |  |
| **8.1 Do you require an export permit for your samples?**  | **YES**  |  | **NO**  |  |
| **8.2 Do you require an export permit for CITES listed species?** | **YES** |  | **NO** |  |
| **8.3 Do you require re-importation permit for samples to be returned to St Helena? (**if yes please indicate approximate return date**)** | **YES** |  | **NO** |  |
| Date: |

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| **9. INSURANCE** (*tick if you have any of the following). All people entering St Helena must have medical insurance that covers medical evacuation\*.* |
| **Type**  | **All individuals**  | **Group**  |
| **9.1 Medical (incl. evacuation and repatriation)**  |   |   |
| **9.2 Public liability**  |   |   |
| **9.3 Professional indemnity**  |   |   |

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| **10. CAPACITY BUILDING, DATA SHARING AND KNOWLEDGE TRANSFER**  |
|  ***St Helena Government is committed to ensuring that the knowledge generated by scientific research is captured for the benefit of the island.*** *We encourage applicants to consider how their research can be communicated to non-specialist audiences, including the local community on St Helena.* |
| **By submitting this form, the applicant agrees to:**  |
| **10.1 Deliver a public talk about the research project.** | **AGREE**  |   |
| **10.2 Provide the St Helena Research Institute with a summary report of the research findings within 1 month of departure from St Helena.**  | **AGREE**  |   |
| **10.3 Provide copies of all articles, theses and publications arising from the research within two years of the project end date.**  | **AGREE**  |   |
| **10.4 Provide, to the Research Institute Data Manager, original datasets collected during the research by completing a metadata form (data should have been quality checked by the researcher) and data submission agreement.** (*Please see ‘Guidelines for Applicants’ for details of St Helena’s data sharing and management policy)* | **AGREE**  |   |
| **10.5 Acknowledge any support from St Helena in all research outputs, including joint authorship where appropriate.**  | **AGREE**  |   |

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| **11. RESEARCH LICENCE FEES**  |
| **There is a Research Licence fee of £250 for the applicant.** *Payment of the fee prior to commencing research on St Helena is a condition of acceptance. Applications for undergraduate projects are charged at £50 and £100 for MSc.studies.*  | **AGREE** |  |
| **12. DECLARATION**  |
| **By signing this form, I certify that, to the best of my knowledge and belief, the statements made in this application are true and the information provided is correct. Should any changes be made to any of the information above I shall notify the St Helena Research Institute Coordinator accordingly. I and other members of my party are in good health and we accept that any loss or injury resulting from our visit is not the responsibility of the St Helena Government. We are conversant with the laws and regulations of the St Helena Government and agree to abide by them fully.**  |
| **Signature:** | **Date:** |
| *Please return completed applications to:* **enquiries@sthelenaresearch.edu.sh****St Helena Research Institute, Canarvan Court, Jamestown, St Helena Island, STHL 1ZZ**  |

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| **Date submitted to the Research Council**:  |
| **Decision:**  | **Approved**  |  | **Amendments requested**  |  | **Declined**  |  |
| **Reason for decision:**  |  |  |  |
| **Name:**  |  | **Signed:**  |  |  | **Date:**  |  |