



Reference: 12/1/2/4

Enquiries: Clinton Daniels/Petro Brink

ANNEXURE 1: ACCESS APPLICATION FORM FOR SUBMISSION TO THE RESEARCH ETHICS COMMITTEE

1. INFORMATION REGARDING THE RESEARCHER/S

For research conducted by an individual (NOTE: If the research is being conducted by a team of individuals, details of the team leader should be included here)

Title: _____ Surname: _____ Initial: _____

Full Name (s): _____

Telephone number: _____

Cellular number: _____

E-mail address: _____

2. GEOGRAPHICAL AND SERVICE DELIVERY AREA

In which of the DSD's Regions do you plan to undertake research?

At which DSD Office, Facility or Service Delivery Site will your data collection take place?



3. RESEARCH AREA AND AIMS

Title of the Proposal:

Key Aims of your research:

Proposed Methods:

4. LOGISTICAL RESOURCES REQUIRED FOR YOUR RESEARCH

Do you require any of the following logistical resources for your research from the Department? If yes, please provide the specific detail in the table below. Please note that the availability of resources cannot be guaranteed due to service delivery pressure.

Nature of Request	Specifics
Interview space	
Assistance & time of DSD officials	
Technology i.e. computers, photocopiers	
Official vehicles	
Other	
Time frame for data collection (provide dates)	

5. IMPACT OF RESEARCH ON DSD SERVICE DELIVERY

Please indicate below how your proposed research could impact on service delivery of the department, for example, through the use of office space or staff time?

What steps will you take to minimise any negative or disruptive impact on service delivery?

DECLARATION BY APPLICANT

I hereby undertake not to disrupt service delivery of the Department and to respect the confidentiality and anonymity of the Department's clients and staff.

I furthermore indemnify the Department from any damages that may arise during the course of data collection at a Departmental Office or Service Delivery Site.

Name of Applicant:

Signature:

Date:

6. APPROVAL BY REGIONAL OR FACILITY HEAD

Name:

Signature:

Date:

Comments or Conditions:

If declined, please provide reasons: