



Reference: DSD/11/2/2/2/REC

Enquiries: DSD.REC-Ethics@westerncape.gov.za

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): _____

Contact number: _____

E-mail address: _____

2. GEOGRAPHICAL AND SERVICE DELIVERY AREA

In which of the DSD's Regions, Facilities or Programmes do you plan to undertake research?

3. RESEARCH AREA AND AIMS

Title of the Proposal:

Key Aims of your research:

Proposed Methods:

4. LOGISTICAL RESOURCES REQUIRED FOR YOUR RESEARCH

Please explain the nature of your request in detail

5. IMPACT OF RESEARCH ON DSD SERVICE DELIVERY

Please indicate below how your proposed research could impact on service delivery of the department.

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

6. 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:

7. APPROVAL BY CHIEF DIRECTOR, REGIONAL OR FACILITY HEAD

Name:

Signature:

Date:

Comments or Conditions:

If declined, please provide reasons: