**REQUEST FOR****PERMISSION TO CONDUCT RESEARCH RELATING TO UNIVERSITY OF PRETORIA POPULATIONS AND DATA**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of researcher: | | | |  | | | | | | | | | | |
| Student/Personnel number: | | | |  | | | | | | | | | | |
| Project title: | | | |  | | | | | | | | | | |
| Department: | | | |  | | | | | | | | | | |
| Staff research |  | Doctorate | | | |  | Masters | | |  | Honours | |  | |
| Brief description of the overall aim, objectives and methodology of the research: | | | |  | | | | | | | | | | |
| Will the research findings be published in a scientific journal? Yes | | | | | | | | | | |  | No | |  |
| UP population from whom primary data will be collected: | | | |  | | | | | | | | | | |
| UP secondary data: | | | |  | | | | | | | | | | |
| Proposed period for data collection: | | | |  | | | | | | | | | | |
| Signed: Researcher | | | | | | | | | Date: | | | | | |
| **For office use:** | | | | | | | | | | | | | | |
| **Approved: Faculty EMS Research Ethics Committee** | | | | | | | | | Date: | | | | | |
| Permission granted: Yes | | |  | | No | | |  | Conditional | | | | |  |
| Conditions (if applicable): | | |  | | | | | | | | | | | |
| **Signed: Registrar / Dean** | | | | | | | | | Date: | | | | | |