



For admin. use only:

Ref. no.:

Enquiries: 011 3550775

Gumani Mukatuni

GDE RESEARCH REQUEST FORM

REQUEST TO CONDUCT RESEARCH IN INSTITUTIONS AND/OR OFFICES OF THE GAUTENG DEPARTMENT OF EDUCATION

1. PARTICULARS OF THE RESEARCHER

1.1	Details of the Researcher	
	Surname and Initials:	
	First Name/s:	
	Title (Prof / Dr / Mr / Mrs / Ms):	
	Student Number (if relevant):	
	SA ID Number:	
	Work permit no. (If not SA citizen)	

1.2	Private Contact Details	
	Home Address	Postal Address (if different)
	Postal Code:	Postal Code:
	Tel:	Cell:
	Fax:	E-mail:

2. PURPOSE & DETAILS OF THE PROPOSED RESEARCH

2.1	Purpose of the Research (Place cross where appropriate)	
	<i>Undergraduate Study - Self</i>	
	<i>Postgraduate Study - Self</i>	
	<i>Private Company/Agency – Commissioned by Provincial Government or Department</i>	
	<i>Private Research by Independent Researcher</i>	
	<i>Non-Governmental Organisation</i>	
	<i>National Department of Education</i>	
	<i>Commissions and Committees</i>	
	<i>Independent Research Agencies</i>	
	<i>Statutory Research Agencies</i>	
	<i>Higher Education Institutions only</i>	
2.2	Full title of Thesis / Dissertation / Research Project	
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2.3	Value of the Research to Education (Attach Research Proposal)	
2.4		Date
	<i>Envisaged date of completion of research in GDE Institutions</i>	
	<i>Envisaged date of submission of Research Report and Research Summary to GDE:</i>	
2.5	Student and Postgraduate Enrolment Particulars	
	<i>Name of institution where enrolled:</i>	
	<i>Degree / Qualification:</i>	
	<i>Faculty and Discipline / Area of Study:</i>	
	<i>Name of Supervisor / Promoter:</i>	

2.6	Employer
Name of Organisation:	
Position in Organisation:	
Head of Organisation:	
Street Address:	
Postal Code:	
Telephone Number (Code + Ext):	
Fax Number:	
E-mail:	

2.7	PERSAL Number (GDE employees only)
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3. PROPOSED RESEARCH METHOD/S

(Please indicate by placing a cross in the appropriate block whether the following modes would be adopted)

3.1 Questionnaire/s (If Yes, supply copies of each to be used)

YES		NO	
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3.2 Interview/s (If Yes, provide copies of each schedule)

YES		NO	
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3.3 Use of official documents

YES		NO	
If Yes, please specify the document/s:			

3.4 Workshop/s / Group Discussions (If Yes, Supply details)

YES		NO	

3.5 Standardised Tests (e.g. Psychometric Tests)

YES		NO	
<i>If Yes, please specify the test/s to be used and provide a copy/ies</i>			

4. INSTITUTIONS TO BE INVOLVED IN THE RESEARCH

4.1 Type and NUMBER of Institutions (Please indicate by placing a cross alongside all types of institutions to be researched)

INSTITUTIONS	Write NUMBER here
<i>Primary Schools</i>	
<i>Secondary Schools</i>	
<i>ABET Centres</i>	
<i>ECD Sites</i>	
<i>LSEN Schools</i>	
<i>Further Education & Training Institutions</i>	
<i>Districts and / or Head Office</i>	

4.2 Name/s of institutions to be researched (Please complete on a separate sheet if space is found to be insufficient)

Name/s of Institution/s

4.3 District/s where the study is to be conducted. (Please indicate by placing a cross alongside the relevant district/s)

District/s			
<i>Ekurhuleni North</i>		<i>Ekurhuleni South</i>	
<i>Gauteng East</i>		<i>Gauteng North</i>	
<i>Gauteng West</i>		<i>Johannesburg Central</i>	
<i>Johannesburg East</i>		<i>Johannesburg North</i>	
<i>Johannesburg South</i>		<i>Johannesburg West</i>	
<i>Sedibeng East</i>		<i>Sedibeng West</i>	
<i>Tshwane North</i>		<i>Tshwane South</i>	
<i>Tshwane West</i>			

If Head Office/s (Please indicate Directorate/s)

4.4 Number of learners to be involved per school (Please indicate the number by gender)

Grade	1		2		3		4		5		6	
<i>Gender</i>	B	G	B	G	B	G	B	G	B	G	B	G
<i>Number</i>												

Grade	7		8		9		10		11		12	
<i>Gender</i>	B	G	B	G	B	G	B	G	B	G	B	G
<i>Number</i>												

4.5 Number of educators/officials involved in the study (Please indicate the number in the relevant column)

<i>Type of staff</i>	<i>Educators</i>	<i>HODs</i>	<i>Deputy Principals</i>	<i>Principal</i>	<i>Lecturers</i>	<i>Office Based Officials</i>
<i>Number</i>						

4.6 Are the participants to be involved in groups or individually?

<i>Groups</i>		<i>Individually</i>	
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4.7 Average period of time each participant will be involved in the test or other research activities (Please indicate time in minutes)

Participant/s	Activity	Time

4.8 Time of day that you propose to conduct your research.

<i>During school hours (for limited observation only)</i>		<i>After School Hours</i>	
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4.9 School term/s during which the research would be undertaken

<i>First Term</i>		<i>Second Term</i>		<i>Third Term</i>	
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CONDITIONS FOR CONDUCTING RESEARCH IN GDE

Permission may be granted to proceed with the above study subject to the conditions listed below being met and permission may be withdrawn should any of these conditions be flouted:

1. *The District/Head Office Senior Manager/s concerned, the Principal/s and the chairperson/s of the School Governing Body (SGB.) must be presented with a copy of this letter.*
2. *The Researcher will make every effort to obtain the goodwill and co-operation of the GDE District officials, principals, SGBs, teachers, parents and learners involved. Participation is voluntary and additional remuneration will not be paid;*
3. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal and/or Director must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
4. *Research may only commence from the second week of February and must be concluded by the end of the THIRD quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
5. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
6. *It is the researcher's responsibility to obtain written consent from the SGB/s; principal/s, educator/s, parents and learners, as applicable, before commencing with research.*
7. *The researcher is responsible for supplying and utilizing his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institution/s, staff and/or the office/s visited for supplying such resources.*
8. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research title, report or summary.*
9. *On completion of the study the researcher must supply the Director: Education Research and Knowledge Management, with electronic copies of the Research Report, Thesis, Dissertation as well as a Research Summary (on the GDE Summary template).*
10. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned;*
11. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director/s and school/s concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

DECLARATION BY THE RESEARCHER

1. I declare that all statements made by myself in this application are true and accurate.

2. I accept the conditions associated with the granting of approval to conduct research and undertake to abide by them.

Signature:	
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Date:	
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DECLARATION BY SUPERVISOR / PROMOTER / LECTURER
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I declare that: (Name of Researcher).....

1. is enrolled at the institution / employed by the organisation to which the undersigned is attached.

2. The questionnaires / structured interviews / tests meet the criteria of:

- **Educational Accountability;**
- **Proper Research Design;**
- **Sensitivity towards Participants;**
- **Correct Content and Terminology;**
- **Acceptable Grammar;**
- **Absence of Non-essential / Superfluous items;**
- **Ethical clearance**

3. I will ensure that after successful completion of the degree / project an electronic copy of the Research Report / Thesis / Dissertation and a Research Summary (on the GDE template) will be sent by the researcher to the GDE.

Surname:	
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First Name/s:	
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Institution / Organisation:	
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Faculty / Department (where relevant):	
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Telephone:	
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E-mail:	
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Signature:	
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Date:	
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ANNEXURE A: ADDITIONAL INFORMATION FOR GROUP RESEARCH

This information must be completed by **every** researcher/ student who will be visiting GDE Institutions for research purposes.

By signing this declaration, the researcher / students accepts the conditions associated with the granting of approval to conduct research in GDE Institutions and undertakes to abide by them.

Supervisor/ Promoter / Lecturer’s Surname and Name.....

DECLARATION BY RESEARCHERS / STUDENTS:

Surname & Initials	Name	Tel	Cell	Email address	Signature

N.B. This form (and all other relevant documentation where available) may be completed and forwarded electronically to Gumani.mukatuni@gauteng.gov.za; Dineo.Mashigo@gauteng.gov.za and please copy (cc) ResearchInfo@gauteng.gov.za. The last 2 pages of this document must however have the original signatures of both the researcher and his/her supervisor or promoter. It should be scanned and emailed, posted or hand delivered (in a sealed envelope) to Gumani Mukatuni, 7th Floor, 6 Hollard Building, Main and Simmonds Streets, Johannesburg. All enquiries pertaining to the status of research requests can be directed to Gumani Mukatuni on tel. no. 011 355 0775 or Dineo Mashigo on tel. no. 011 355 0336.