



## Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions

### 1. Applicants Details

Title: Prof / Dr / Rev / Mr / Mrs / Miss / Ms Surname: \_\_\_\_\_

Name(s) Of Applicant(s): \_\_\_\_\_ Email: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

2. Proposed Research Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you applied for permission to conduct this research or any other research within the KZNDoe institutions?

Yes	No
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If "yes", please state reference Number: \_\_\_\_\_

4. Is the proposed research part of a tertiary qualification?

Yes	No
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If "yes"

Name of tertiary institution: \_\_\_\_\_

Faculty and or School: \_\_\_\_\_

Qualification: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisors Signature \_\_\_\_\_

If "no", state purpose of research: \_\_\_\_\_  
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**5. Briefly state the Research Background** \_\_\_\_\_

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**6. What is the main research question(s) :** \_\_\_\_\_

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**7. Methodology including sampling procedures and the people to be included in the sample:**

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**8. What contribution will the proposed study make to the education, health, safety, welfare of the learners and to the education system as a whole?:** \_\_\_\_\_

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**KZN Department of Education Schools or Institutions from which sample will be drawn – If the list is long please attach at the end of the form**


**9. Research data collection instruments:** *(Note: a list and only a brief description is required here - the actual instruments must be attached):* \_\_\_\_\_

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**10. Procedure for obtaining consent of participants and where appropriate parents or guardians:**

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**11. Procedure to maintain confidentiality ( if applicable):** \_\_\_\_\_

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**12. Questions or issues with the potential to be intrusive, upsetting or incriminating to participants (if applicable):** \_\_\_\_\_

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**13. Additional support available to participants in the event of disturbance resulting from intrusive questions or issues (if applicable):** \_\_\_\_\_

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**14. Research Timelines :** \_\_\_\_\_  
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**15. Declaration**

I hereby agree to comply with the relevant ethical conduct to ensure that participants' privacy and the confidentiality of records and other critical information.

I \_\_\_\_\_ **declare that the above information is true and correct**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**16. Agreement to provide and to grant the KwaZulu Natal Department of Education the right to publish a summary of the report.**

I/We agree to provide the KwaZulu Natal Department of Education with a copy of any report or dissertation written on the basis of information gained through the research activities described in this application.

I/We grant the KwaZulu Natal Department of Education the right to publish an edited summary of this report or dissertation using the print or electronic media.

\_\_\_\_\_  
**Signature of Applicant(s)**

\_\_\_\_\_  
**Date**

**Return a completed form to:**

Sibusiso Alwar

The Research Unit; Resource Planning; KwaZulu Natal Department of Education

**Hand Delivered:**

Office G25; 188 Pietermaritz Street; Pietermaritzburg; 3201

**Or**

**Ordinary Mail**

Private Bag X9137; Pietermaritzburg; 3200

**Or**

**Email**

[sibusiso.alwar@kzndoe.gov.za](mailto:sibusiso.alwar@kzndoe.gov.za)