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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

If "yes", please state reference Number: _____

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

Yes No

If "yes"

Name of tertiary institution: _____

Faculty and or School: _____

Qualification: _____

Name of Supervisor: _____ Supervisors Signature _____

If "no", state purpose of research: _____

4. What is the main research question(s) : _____

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

6. What contribution will the proposed study make to the education, health, safety, welfare of the learners and to the education system as a whole?: _____

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

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

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

9. Procedure to maintain confidentiality (if applicable): _____

10. Questions or issues with the potential to be intrusive, upsetting or incriminating to participants (if applicable): _____

11. Additional support available to participants in the event of disturbance resulting from intrusive questions or issues (if applicable): _____

12. Research Timelines: _____

13. 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

14. 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

APPLICATION CHECKLIST

- **COMPLETED APPLICATION FORM**
- **RESEARCH PROPOSAL**
- **ETHICS CLEARANCE CERTIFICATE**
- **SUPERVISOR/PROMOTER ENDORSEMENT LETTER**

Return completed forms to:

Email

research@kzndoe.gov.za