

**FORM A - Request to conduct Research at the University of the Witwatersrand, Johannesburg**

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This form is to be completed by registered Honours/Master by Research/ PhD students and staff at Wits wishing to conduct research by using Wits student/staff data. Please email this form with your supporting documents to Research.Deputy-Registrar@wits.ac.za

**First Name Surname:**

|  |  |
| --- | --- |
|  |  |

**Staff/Student number:**

|  |  |
| --- | --- |
|  |  |

**Degree currently registered: School:**

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Research title:**  |

**Has ethics clearance been obtained from the University Ethics Committee/School Ethics Committee?**

|  |  |
| --- | --- |
| **YES** | **NO** |

*(If yes, please include a copy of the ethics clearance certificate and protocol number below)*

**Protocol number:**

|  |
| --- |
|  |

***PLEASE NOTE****: If an unconditionally approved ethics clearance certificate has not been obtained, you will not be granted permission to conduct your research.*

**Has your Head of Department/Supervisor granted permission for the research to be conducted?**

|  |  |
| --- | --- |
| **YES** | **NO** |

*(If yes please include a copy of the letter of approval)*

**What is the expected duration of your research and on which date do you intend submitting the research?**

|  |
| --- |
|  |

**Whom is the research and/or questionnaire being conducted on?**

|  |  |
| --- | --- |
| Students |  |
| Staff |  |

*(Please tick the appropriate box)*

**If the research will be conducted on student data please specify year of study /Faculty or degree data will be required for:**

|  |  |
| --- | --- |
| First Year Students |  |
| Second Year Students |  |
| Third Year Students |  |
| Final Year Students |  |
| Postgraduate Students |  |
| Faculty |  |
| Degree |  |

**Section A:**

**How will the research be conducted?**

|  |  |
| --- | --- |
| **E-Mail** (please indicate if school administrators will be assisting in circulating the emails) |  |
| **Interviews**(please attach a copy of the interview questions) |  |
| **Other data collection** (please specify lists or statistics) |  |
| **Focus Groups** |  |
| **Venues** (If using a venue for your research, please indicate venue name and ensure arrangements have been made with the venue manager) |  |

**Section B:**

**This section only needs to be completed for the circulation of questionnaires, surveys etc. by the University Registrar’s Office:**

|  |  |
| --- | --- |
| **Please provide the link for your questionnaire and attach a copy of the questionnaire** (the link will be emailed to students in order for them to complete the questionnaire) |  |
| **Please provide us with a brief message that will accompany your questionnaire. This message ~~is~~ will be sent as an e-mail to students requesting them to complete the questionnaire.** |  |

**NOTE: If using REDCAP, circulation may take place with departmental administrators within your school. You need to make the necessary arrangements with the administrator.**

**However, if your department/school does not use REDCAP, then complete the section above.**

**Student signature: ………………………………………… Date………………………………………………**