

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

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:	
Committee? YES NO	ed from the University Ethics Committee/School Ethics
Protocol number:	
PLEASE NOTE: If an unconditionally approve granted permission to conduct your research	ved ethics clearance certificate has not been obtained, you will not be ch.
	isor granted permission for the research to be conducted?
YES NO	
(If <u>yes</u> please include a copy of the letter of	approval)
What is the expected duration of your	r research and on which date do you intend submitting the
research?	research and on which date do you mend submitting the
Whom is the research and/or question	nnaire heing conducted on?
Students	mane being contracted on.
Staff	
(Please tick the appropriate box)	
If the research will be conducted on st	tudent 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		
rocus 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 comple	ted for the c	circulation of questionnaires, surveys etc. by the
University Registrar's Office:		,
Please provide the link for your que	stionnaire	
and attach a copy of the questionna		
(the link will be emailed to students		
them to complete the questionnaire)		
and the compression of question many	,	
Please provide us with a brief messa	age that	
will accompany your questionnaire.	This	
message is will be sent as an e-mail	to	
students requesting them to comple		
questionnaire.		
NOTE: If using REDCAP, circulation m	nay take plac	ce with departmental administrators within your
school. You need to make the necess	ary arrange	ements with the administrator.
However, if your department/school	does not us	se REDCAP, then complete the section above.
Student signature:		Date
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