# Statistical Support Service: Consultation Application Form

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| --- |
| **Client Details**  |
| **Title** | Ms: [ ]  Mrs: [ ]  Mr: [ ]  Dr: [ ]  Prof: [ ]  |
| **Name & Surname** |  |
| **Email Address** |  |
| **Contact Number(s)** |  |
| **Position** | Student: [ ]  Staff member: [ ]  Both: [ ]   |
| **Please provide the following** | Staff number |  | Student number |  |
| **Project details** |
| **Is the project for degree purpose?** | No: [ ]  Yes: [ ]   |
| **Project Title:** |
|  |
|  |
| **Institution** |  |
| **Qualification** |  |
| **College** |  |
| **Department** |  |
| **Ethical approval granted** | No: [ ]  Yes: [ ]  If yes provide reference number: |
| **Support required** |
| Design: [ ]  Questionnaire review: [ ]  Data capture: [ ]  Data cleaning: [ ]  Data analysis: [ ]  Write up: [ ]   |
| **Study leader details** |
| **Main study leader/supervisor** | Title, Name & Surname |  |
| Email Address  |  |
| College |  |
| Department |  |
| Contact Number |  |
| **Second study leader/supervisor** | Title, Name & Surname |  |
| College |  |
| Department |  |
| Email Address  |  |
| Contact Number |  |
| **Do you have approval from the supervisor to request for statistical support?** Yes: [ ]  No: [ ]  NA: [ ]   |

**Notes:**

* **Attendance of the supervisor at the first meeting is compulsory, unless otherwise arranged with the statistician.**
* **Projects submitted from mid-November until January will only be attended to in February.**
* **The contribution of the statistician must be acknowledged in the theses/dissertation or publications arising from the work.**
* **The statistician reserves the right to request for co-authorship(s) of publication(s) should their contribution to the design and or analysis and or publication of the research project be significant.**
* **The completed and signed form must be accompanied by a copy of proof of registration.**
* **By signing this form, you acknowledge that the information provided is true and correct and that you have read and understood the terms and conditions of service.**

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**Client Signature Date** (*DD/MM/YYYY)*

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**Supervisor Signature Date** (*DD/MM/YYYY)*

**Completed forms must be emailed to:** **statssupport@unisa.ac.za**