# 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**](mailto:statssupport@unisa.ac.za)