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CENTRE FOR CONTINUOUS PROFESSIONAL TEACHER AND COMMUNITY EDUCATION AND TRAINING
EDUCATION AND TRAINING
PLEASE PRINT IN BLOCK LETTERS

To all students previously and/or currently registered at Unisa or at any other institution of Unisa. Please indicate your student number (s):

1	Ending CRCT/Student number (eg 7572847)	-	-	-	-	-	-	-	-	2	Qualification code (eg 7086)	
3	Surname, initials, title (eg. Mook M G Mr)											
4	First names											
5	Maiden name and/or previous surname											
6	Date of birth	Year	Month	Day	T	Gender	Male	Female	8	Language for correspondence set for study material	AF	BR
7	Identify/Accession number											
9	Are you physically disabled?	Yes	No									
10	If YES, indicate the nature of your disability	Blind	Deaf	Deaf-blind	Deaf	Other	None					
11	Telephone numbers (please only use numbers 011 051 457)	Home	Work	Cell	Other							
12	May your name and address be given to other students for academic purposes?	Yes	No									
13	Examination centre code - if not available, please indicate name of examination centre											
14	Postal address											
15	Physical address											
16	In what format would you like to receive your registration material (Candidates only)	Printed copy	E-mail	CD	Printed copy							
<p>INFORMATION WHICH IN QUESTIONS 25-27 IS USED FOR STATISTICAL PURPOSES ONLY.</p>												
17	Nationality											
18	Dispossession											

CENTRE FOR CONTINUOUS PROFESSIONAL TEACHER AND COMMUNITY EDUCATION AND TRAINING
PO Box 580 UNISA, 805 South Africa (P.O. 429-452) • RT +27 12 450-4637

USE THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED

19	If you have already registered, or intend to register concurrently at another approved South African tertiary institution for 2018, supply the following information:										
20	Other institution:	Department/Programme/Block									
21	Give particulars of the last tertiary institution of which you were registered before 2011:										
22	Institution	Year	Undergraduate	Postgraduate	Certificate						

APPLICATION FORM FOR ETHICAL CLEARANCE OF RESEARCH PROPOSALS SUBMITTED TO THE COLLEGE OF HUMAN SCIENCES

Researchers are reminded of the revised policy on research ethics of UNISA available at:

http://www.unisa.ac.za/content/department/ethics_policies/docs/ResearchEthicsPolicy_200901_2012.pdf

In judging research proposals, the College of Human Sciences Ethics Review Committee (CHSEPC) assesses the methodological, technical and ethical soundness of the research proposal. Applicants should complete this summary sheet in full for the application to be considered by the committee. The completed summary sheet must be submitted Prof Lindwe Zungu (e-mail: zungu@unisa.ac.za) who is the co-ordinator of the CHSEPC which functions under the chairpersonship of Prof Gretchen du Plessis. In addition the following relevant documents must accompany the completed application form:

- (a) Potential participants' informed consent letter
- (b) Data collection tool(s)
- (c) Letter requesting access to the study site(s).

DETAILS OF THE RESEARCHER(S)

A1 FULL NAMES AND TITLE OF THE PRINCIPAL INVESTIGATOR

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A2 HIGHEST ACADEMIC AND PROFESSIONAL QUALIFICATION

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A3 TITLE OF PROPOSED STUDY

A4 PERSONAL PARTICULARS (PRINCIPAL INVESTIGATOR)

(a) Initials & surname	
(b) Staff number	
(c) E-mail	
(d) Telephone number(s)	
(e) Type of project	
(f) Type of funding	

A5 PERSONAL PARTICULARS OF PROJECT COLLABORATORS

(a) Initials & surname:	
(b) Contact details:	
(c) Department:	
(a) Initials & surname:	
(b) Contact details:	
(c) Department:	

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