



External Client Application Form

Please note: Incomplete forms will not be processed

Client Details	
Name & Surname	
Email Address	
Contact Number(s)	
Postal (Billing) Address (i.e. PHYSICAL Address)	
Street Address	
Postal Code	
City	
Province	
Country	

Institution			
Nature of Business (please circle)	Corporate	NGO	Academic Institution
Name of Institution			

Academic Research Details (only complete for academic research)				
Faculty				
Department				
Nature of research (please circle)	Masters	Doctorate	Other (specify):	
Have you obtained ethical clearance? (please circle)	Yes	No	NA	
Do you have approval from the supervisor/principle researcher to request service from the SCS? (please circle)	Yes	No	NA	
Supervisor/ Principle Researcher	Title, Name & Surname			
	Email Address			
	Contact Number			
Supervisor/ Principle Researcher 2 (if applicable)	Title, Name & Surname			
	Email Address			
	Contact Number			

Please note: Attendance of your supervisor at the initial meeting is compulsory unless otherwise arranged with a consultant



Project Details	
Research Project Title/ Problem Statement	
Nature of assistance required <i>Briefly explain what you expect from the SCS.</i> <i>Please include a brief description of your database if possible (how data was collected, and the number of variables and observations).</i> <i>Please provide some detail about the proposed analysis goals/methods.</i> <i>If one is available, please attach a brief research proposal or project outline (ideally not more than 5 pages).</i>	
Project deadline (please provide us with YOUR deadline for the SCS)	

All information provided above is true and correct.

I have read and understood the accompanying Terms and Conditions of Service.

I agree to prepare data following the Database Guidelines.

Client Signature

Date (DD/MM/YYYY)

Supervisor Signature

Date (DD/MM/YYYY)