



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)