



UCT-Based Client Application Form

Please note: Incomplete forms will not be processed

Client Details			
Name & Surname			
Email Address			
Contact Number(s)			
Payment Method (please tick and provide details accordingly)	<input type="checkbox"/>	UCT Internal Fund	Fund number: <input type="text"/>
	<input type="checkbox"/>		Fund holder: <input type="text"/> Name & Surname
	<input type="checkbox"/>	Personal (Private)	Fund holder signature: <input type="text"/>
Physical Address (i.e. Billing Address) (regardless of payment method)			
Street Address		<input type="text"/>	
Postal Code		<input type="text"/>	
City		<input type="text"/>	
Province		<input type="text"/>	
Country		<input type="text"/>	

Faculty and Department						
Nature of Project (please circle)	Honours	Masters	Doctorate	Postdoctoral	Staff	Visiting researcher
Faculty (please tick)	<input type="checkbox"/>	Centre for Higher Education Development				
	<input type="checkbox"/>	Commerce				
	<input type="checkbox"/>	Engineering & the Built Environment				
	<input type="checkbox"/>	Health Sciences				
	<input type="checkbox"/>	Humanities				
	<input type="checkbox"/>	ICTS				
	<input type="checkbox"/>	Law				
	<input type="checkbox"/>	School of Education				
	<input type="checkbox"/>	Science				
	<input type="checkbox"/>	Student Affairs				
<input type="checkbox"/>	Other (please specify): <input type="text"/>					
Department	<input type="text"/>					

Approval					
Do you have approval from the supervisor/principle researcher to request service from the SCS? (please tick)			Yes	No	NA
1. Supervisor/ Principle Researcher/ UCT host	Title, Name & Surname	<input type="text"/>			
	Email Address	<input type="text"/>			
	Contact Number	<input type="text"/>			
2. Supervisor/ Principle Researcher / UCT host (if applicable)	Title, Name & Surname	<input type="text"/>			
	Email Address	<input type="text"/>			
	Contact Number	<input type="text"/>			



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			
Have you obtained ethical clearance? (please circle)	Yes	No	NA
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)