

2. Resources Required from Facility/Sub-district/Community			
2.1 Facility Staff Required to assist with the Study	Yes		NO
	How many:		
	Nurses:		
	Doctors:		
	Space:		
Other, please specify:			
2.2 Patients / Researchers' Records/Files	Yes		NO
	Year: From:	To:	
2.3 Interviewing Patients/ participants at Facilities	Yes		NO
2.4 Interviewing Patients/ participants at Home	Yes		NO
2.5 Other, please specify:			
3 Resource flow/benefits to the Provincial Department			
3.1 The research is responsive to which National/Provincial/departmental priority/strategy/research agenda.			
<ul style="list-style-type: none"> State your response: 			
3.2 Resource Flow (Are there benefits to Patients/community)	Yes		NO
	Please list: all potential remedial ideas emanated from research will be taken up for healthcare practice and policy		
3.3 Resource Flow (Are there benefits to Facility/District)	Yes		NO
	Please list: to create a linkage between all research stakeholders		
4 Availability of Required Clearance/s			
4.1 Ethical Clearance	Yes		Pending
	Clearance Number:		
4.2 Clinical Trial	Yes		Pending
	Clearance Number:		
4.3 Vaccine Trial	Yes		Pending
	Clearance Number:		
4.4 Is conducted in a village led by tribal authority?	Yes		NO
	Date tribal authority engaged:		
	Not Applicable		

5 Declaration

Declaration by Applicant:

I Mr/Ms/Dr/Prof/Adv. _____ agree to submit/present the result of this study back to the CEO/Institution/District.

Estimated date of feedback: _____

To be signed by a relevant CEO/District Manager/Programme Manager/Senior Manager in Mpumalanga Province

Supported / Not Supported

Signature: _____

Date: _____

Name: _____

Stamp

A duly signed form can be uploaded on the [nhrd](#) website by the researcher or emailed to: JerryS@mpuhealth.gov.za or ThembaM@mpuhealth.gov.za