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Litiko Letemphilo

Departement van Gesondheid

UmNyango WezeMaphilo

## Letter of Support (To be signed by relevant Senior Managers/Responsibility Managers)

	1. Study Details				
1.1 Name of Applicant					
1.2 Contact Number:	(0)				
1.3 Study Title:	I				
1.4 Data collection period to undertake the study:	Start:		End:		
1.5 Provide summary of the s			ata will be co	llected (your	
response should not be more	e than the space <b>p</b> i	rovided:			

2. Resources	2. Resources Required from Facility/Sub-district/Community					
2.1 Facility Staff Required to	Yes		NO			
assist with the Study	How many:					
	Nurses:					
	Doctors:					
	Space:					
	Other, please specify:					
<b>2.2</b> Patients / Researchers'	Yes		NO			
Records/Files			NO			
	Year: From: To:					
2.3 Interviewing Patients/	Yes		NO			
participants at Facilities	Vee					
2.4 Interviewing Patients/ participants at Home	Yes		NO			
<b>2.5</b> Other, please specify:						
3 Resource	flow/benefits to the Provincial Depa	rtment				
3.1 The research is responsive to	which National/Provincial/departme	ntal priority/strategy/res	earch			
agenda.						
_						
State your response:						
3.2 Resource Flow (Are there	Yes		NO			
benefits to Patients/community)	Please list: all potential remedial ideas emanated from					
Fatients/community)	research will be taken up for health	care practice and policy				
3.3 Resource Flow (Are there	Yes		NO			
benefits to Facility/District)	Please list: to create a linkage between all research					
	stakeholders					
4 <b>A</b>	vailability of Required Clearance/s					
4.1 Ethical Clearance	Yes	Pending	NO			
	Clearance Number:					
		Dan l'a				
4.2 Clinical Trial	Yes	Pending	NO			
	Clearance Number:					
4.3 Vaccine Trial	Yes	Pending	NO			
	Clearance Number:					
4.4 Is conducted in a village led	Yes	Not Applicable	NO			
by tribal authority?	Date tribal authority engaged:					
	Date theat data only ongagod.		1			

5	Declaration
Declaration by Applicant:	
I Mr/Ms/Dr/Prof/Adv back to the CEO/Institution/District.	agree to submit/present the result of this study
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
	aded on the <b>nhrd</b> website by the researcher or <u>Ith.gov.za or ThembaM@mpuhealth.g</u> ov.za