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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 p i | rovided: | | | |
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| 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: | | | | | |
| | | | | | | |
| | | | | | | |
| 2.2 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 | | | |
| 2.5 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: | | | | | | |
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| 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 | | | | | |
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| 4 A | 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 nhrd website by the researcher or <u>Ith.gov.za or ThembaM@mpuhealth.g</u> ov.za |