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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:	
1.4.1 Data collection period to undertake the study:	Start: End:
1.4.2 List selected facilities:	
1.5 Provide summary of the study, study area, and how data will be collected (your response should <b>not</b> be more than the space provided:	

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"> <li>State your response:</li> </ul>			
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	NO
	Clearance Number:		
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 by tribal authority?	Yes	Not Applicable	NO
	Date tribal authority engaged:		

## 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](mailto:JerryS@mpuhealth.gov.za) **by the responsible Senior Manager when research is not supported**