



**Statistical Consulting Service  
 UCT-Based Client Application Form**

*Please note: Incomplete forms will not be processed*

Client Details			
Name & Surname			
Email Address			
Contact Number(s)			
Payment Details			
Are you receiving financial aid for the project?	Yes	No	
Please give an indication of your budget for statistical assistance:	R		
Payment Method (please tick and provide details accordingly)	<input type="checkbox"/>	UCT Internal Fund	Fund number: _____
	<input type="checkbox"/>		Fund holder: _____ Name & Surname
	<input type="checkbox"/>	Personal (Private)	Fund holder signature: _____
Billing Address (regardless of payment method)			
Street Address			
Postal Code			
City			
Province			
Country			

Faculty and Department							
Nature of Project	MMed	Minor Master's thesis	Research Masters	Doctorate	Postdoctoral	Staff	Visiting researcher
Faculty							
Department							

Previous contact				
Have you consulted with us previously on this project?	Yes	No	If Yes, approximate date of previous interaction:	MM/YY
How did you hear about us?				

Approval			
Do you have approval from the supervisor/principle researcher to request service from the SCS?	Yes	No	NA
1. Supervisor/ Principle Researcher/ UCT host	Title, Name & Surname		
	Email Address		
	Contact Number		
2. Supervisor/ Principle Researcher / UCT host (if applicable)	Title, Name & Surname		
	Email Address		
	Contact Number		
<i>Please note: Attendance of your supervisor at the initial meeting is compulsory unless otherwise arranged with a consultant</i>			

Project Details			
<b>Research Project Title/ Problem Statement:</b>			
<b>Please indicate the stage(s) of the research with which you require assistance:</b>	Require assistance with (tick applicable):		<b>Supervisors to indicate the level of assistance to be rendered:</b>
	<input type="checkbox"/>	Grant Application	
	<input type="checkbox"/>	Planning/Design/Sample size (no data collected yet)	
	<input type="checkbox"/>	Analysis (all data has been collected)	
	<input type="checkbox"/>	Interpretation (output has been generated)	
	<input type="checkbox"/>	Write up of results	
	<input type="checkbox"/>	Examiner's/Reviewer's comments	
	Other, please specify:		
<b>Have you obtained ethical clearance?</b>	Yes	No	NA
<b>Please list the research questions/ hypotheses/ study objectives:</b>			
<b>Please give a brief description of the nature of the data:</b>	Method of the data collection, e.g., questionnaire, experiment:		
	Data structure and data type(s):		
	Number of variables:		Number of observations:
<b>Please provide some detail about the proposed statistical analysis goals/methods:</b>			
<b>Estimated timelines for the project:</b> <i>Please refer to the terms and conditions regarding deadlines.</i>	Data collection:	<i>DD/MM/YYYY/Completed</i>	
	Data Capturing:	<i>DD/MM/YYYY/Completed</i>	
	Statistical analysis:	<i>DD/MM/YYYY/Completed</i>	
	Write up:	<i>DD/MM/YYYY/Completed</i>	
<b>Please inform consultant(s) of any deadlines.</b>			
<b>Are you planning to publish an article in a journal from this project?</b>			Yes No
<b>If planning to publish an article in a journal, are you prepared to offer co-authorship to the statistical consultant involved?</b>			Yes No
<i>If available, please attach a brief research proposal or project outline (ideally not more than 2 pages).</i>			

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)