# Statistical Consulting Service

**External Client Application Form**

***Please note: Incomplete forms will not be processed.***

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| **Client Details** | |
| **Name & Surname** |  |
| **Email Address** |  |
| **Contact Number(s)** |  |
| **Billing Address** | |
| **Street Address** |  |
| **Postal Code** |  |
| **City** |  |
| **Province** |  |
| **Country** |  |

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| --- | --- | --- | --- |
| **Institution** | | | |
| **Nature of Business** | Corporate | NGO | Academic Institution |
| **Name of Institution** |  | | |

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| **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?** |  | | | |

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| **Academic Research Details (only complete for academic research)** | | | | | | | | |
| **Faculty** |  | | | | | | | |
| **Department** |  | | | | | | | |
| **Nature of research** | Masters | | Doctorate | | Other (specify): | | | |
| **Have you obtained ethical clearance?** | | | | | | Yes | No | NA |
| **Do you have approval from the supervisor/principle researcher to request service from the SCS?** | | | | | | Yes | No | NA |
| **Supervisor/ Principle Researcher** | | **Title, Name & Surname** | |  | | | | |
| **Email Address** | |  | | | | |
| **Contact Number** | |  | | | | |
| **Supervisor/ Principle Researcher 2 (if applicable)** | | **Title, Name & Surname** | |  | | | | |
| **Email Address** | |  | | | | |
| **Contact Number** | |  | | | | |

***Please note: Attendance of your supervisor at the initial meeting is compulsory unless otherwise arranged with a consultant***

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

**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.**

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**Client Signature Date** (*DD/MM/YYYY)*

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**Supervisor Signature Date** (*DD/MM/YYYY)*