# 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)*