



**Statistical Consulting Service  
 External Client Application Form**

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

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

Institution			
Nature of Business	Corporate	NGO	Academic Institution
Name of Institution			

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?				

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*

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>Please list the research questions:</b>			
<b>Please give a brief description of your data:</b>	Method of data collection, e.g., questionnaire, experiment:		
	Number of variables:		Number of observations:
<b>Please provide some detail about the proposed 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 one is 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)