**ENQUIRIES:** [wcedresearch@westerncape.gov.za](mailto:wcedresearch@westerncape.gov.za)

**Research APPROVAL contract**

Application to conduct the research within the WCED institutions will be approved subject to the following conditions:

**Conduct within the WCED institutions:**

1. Researchers must adhere to rules and regulations of any WCED institution or school where the research is conducted.
2. Researchers cannot act in any undignified manner towards learners or employees of WCED.
3. Researchers cannot bring any illegal substances to the WCED institutions.
4. Researchers are entering schools or any WCED premises at their own risk, therefore WCED is not liable for any claim of damages that can transpire during the research period.

**General Conditions:**

1. Researchers re expected to make all the arrangements concerning their research, this involves gaining entry to the school. The WCED is not able to identify suitable participants for your study.
2. The approval of your research request does not imply a promise of any data from the WCED. Should you require data, you will have to request it from the participating schools where it will be possible to secure parental consent.
3. Please note that POPIA prohibits the sharing of personal information without parental consent.
4. Participation in research by Principals, teachers and learners or any employees within WCED institutions is voluntary.
5. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
6. Principals, educators and learners are under no obligation to assist you in your investigation.
7. Approval for projects should be conveyed to the District Director of the schools where the project will be conducted.
8. Educators’ programmes should not be interrupted by your study.
9. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
10. Should you wish to extend the period of your research, please contact the Director: Research via email or at the contact number above quoting the reference number.
11. A photocopy of this letter must be submitted to the principal or manager where the intended research is to be conducted.
12. Your research will be limited to the list of schools or institutions as forwarded to the Western Cape Education Department.

**Submissions:**

1. Should you intend to publish your findings, a summary of the content, findings and recommendations should be sent to the Director: Research for evaluation before any publication can take place.
2. A copy of the completed report/dissertation/thesis must reach the office of the Director: Research within a month of completion and addressed to:

**The Director: Research** (wcedresearch@westerncape.gov.za)

**Western Cape Education Department**

**CAPE TOWN**

**DECLARATION: (To be returned with the application)**

The Researcher will be working directly or closely with children in schools, therefore he/she declares and warrants that he/she has never been convicted of any sexual offense and any crime against children. The WCED retains the right to withdraw and cancel authorization of the research at any time, should the above conditions not be adhered to or if the researcher does not keep to stated objectives. The Researcher hereby indemnifies WCED against any claims that may arise, directly or indirectly, out of any such breach of warranty.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the\_\_\_\_\_\_day of the\_\_\_\_\_\_\_\_\_\_\_ month\_\_\_\_\_\_\_\_\_\_year.

RESEARCHER:

**WITNESSES**

Above-mentioned researcher signed this agreement in my presents.

Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENDORSEMENT BY PROMOTER OR EMPLOYER OF THE RESEARCHER WHERE APPLICABLE

I have taken cognizance of the contents of this agreement and do not have any reservation with the conditions of this agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp