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Utilisation of the employee health and wellness services at Kimberley Hospital Complex

Mogotsi, Bulelwa Rose

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APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND APPROVAL OF THE KIMBERLY HOSPITAL COMPLEX

OFFICE OF THE CEO
KIMBERLEY HOSPITAL COMPLEX
PRIVATE BAG X5021
KIMBERLEY
8300

Enquiry: Ms. H M Williams
E-mail: williamsh@ncpg.gov.za
Tel: 053 – 8022124
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MEMORANDUM

TO: **Ms. B R Mogotsi**

FROM: **Mr. G I Moncho**

DATE: **12 November 2009**

SUBJECT: **Request to conduct research – Kimberley Hospital Wellness Centre**

Your correspondence dated 2 October 2009 refers,

Approval is herewith granted for the research to be done at Kimberley Hospital Wellness Centre as requested.

Regards,

MR. GI MONCHO
CHIEF EXECUTIVE OFFICER
GIM/hmw

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Bulelwa R Mogotsi

CLEARANCE CERTIFICATE	M10740
PROJECT	An Evaluation of the Employee Health and Wellness Services at Kimberley Hospital Complex
INVESTIGATORS	Ms Bulelwa R Mogotsi.
DEPARTMENT	School of Public Health
DATE CONSIDERED	30/07/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 02/08/2010 CHAIRPERSON .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr L Adonis

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

APPENDIX B: DATA COLLECTION SHEET

TOOL 1

	NO OF EMPLOYEES	NO OF VISITS	NO OF EMPLOYEES	NO OF VISITS
Date	2008	2008	2009	2009
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				

TOOL 2: EMPLOYEE PROFILE

Date	Surname	Name	Study no	Age (Yrs)	Gender (m/f)	Occup cat	Position	Work station	Medical aid (Yes/No)	Len of Employ (Yrs)

TOOL 3 TYPE OF SERVICES
(PHC, OHS, WELLNESS)

				PRIMARY HEALTH CARE				OCCUPATIONAL HEALTH			WELLNESS PROGRAM					Outcome
Date	Surname	Name	Study no	PHC 1	PHC 2	PHC 3	PHC4	OHS 1	OHS 2	OHS 3	W 1	W 2	W 3	W 4	W 5	res/ unr/ong/ ref

			TOOL: 4	OUTCOME OF THE VISIT	
Date	Study No.	Resolved	Unresolved	Ongoing	Referred