



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

R14/49 Tseeke

CLEARANCE CERTIFICATE

PROTOCOL NUMBER H14/10/20

PROJECT TITLE

Validity of claims of a dependency syndrome amongst Black South Africans: social grant recipients in Bophelong informal settlements

INVESTIGATOR(S)

Ms D Tseeke

SCHOOL/DEPARTMENT

Human & Community Development/Social Work

DATE CONSIDERED

24 October 2014

DECISION OF THE COMMITTEE

Approved Unconditionally

EXPIRY DATE

07/12/2016

DATE 08/12/2014

CHAIRPERSON


(Professor T Milani)

cc: Supervisor : Dr L Smith

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 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 completion of a yearly progress report.**


Signature

21 / 01 / 15
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES