

APPENDICES

**APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTER OF
PERMISSION FROM GAUTENG DEPARTMENT OF HEALTH AND SOCIAL
DEVELOPMENT**



Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011)717-2075/6

Reference: Ms Tania van Leeve
E-mail: tania.vanleeve@wits.ac.za
24 November 2010
Person No: 7807459
PAG

Dr TSJ Fisher
P O Box 41084
Eersterus
0022
South Africa

Dear Dr Fisher

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Impact of occupational specific dispensation on the vacancy rate and profile of doctors working at the Dr George Mukhari Hospital*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

A handwritten signature in cursive script, appearing to read "S Benn".

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Dr Trevor SJ Fisher

CLEARANCE CERTIFICATE

M10M101160

PROJECT

Impact of Occupational Specific Dispensation on the
Vacancy Rate and Profile of Doctors at the Dr

George

Mukhari Hospital

INVESTIGATORS

Dr Trevor SJ Fisher.

DEPARTMENT

School of Public Health

DATE CONSIDERED

26/11/2010


DECISION OF THE COMMITTEE*

Approved unconditionally

26/11/2010

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

DATE 26/11/2010

CHAIRPERSON 
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr D Basu

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

