

APPENDICES

**APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF
APPROVAL**



Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
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Reference: Ms Tania van Leeve
E-mail: tania.vanleeve@wits.ac.za
23 April 2008
Person No: 0618644G
PAG

Mr M Nhlapo
P.O. Box 2841
VanderbijlPark
South Africa

Dear Mr Nhlapo

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

We have pleasure in advising that your proposal entitled "*The appraisal of factors affecting waiting times and recommendations for improvement at out-patient departments (OPD) of Kopanong 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 'Sandra Benn'.

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

M110497

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mr M Nhlapho

CLEARANCE CERTIFICATE

M110497

PROJECT

The Appraisal of Factors Affecting Waiting
Time and Recommendation for Improvement
at Out-Patient Departments of Kopanong

Hospital

INVESTIGATORS

Mr M Nhlapho.

DEPARTMENT

School of Public Health

DATE CONSIDERED

Ad hoc

DECISION OF THE COMMITTEE*

Approved unconditionally

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

DATE

13/05/2011

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...



health and
social development
Department: Health and Social Development
GAUTENG PROVINCE

OFFICE OF THE DIRECTOR: SEDIBENG DHS

Eng: Thembi Radebe

(016) 950 6010

(016) 950 6210

Thembekile.Radebe@gauteng.gov.za

MEMORANDUM

TO : Mr. T. Nhlapo - CEO Kopanong Hospital

FROM : Mrs. M. Dichaba – Acting Director Sedibeng DHS

DATE : 04 April 2011

SUBJECT : Permission to Conduct Research on Waiting Times at Out –Patient Department (OPD), Kopanong Hospital, Sedibeng District Health Services

Please be informed that permission has been granted to you to carry out the abovementioned research at the Out – Patient Department (OPD), Kopanong Hospital, Sedibeng District Health Services.

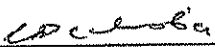
Kindly note that a copy of the report on the findings (especially) that concerns community of Sedibeng District Health Services must be submitted to the Director's office at the completion of the study.

This permission is also subject to the conditions stated in the protocol and any change in design and methodology must be communicated to the District Director.

We wish you success in your research endeavours.


Dr. O.B. Omoile
Head of Clinical Unit (Family Medicine) Sedibeng DHS

Date: 07/04/2011


Mrs. M. Dichaba
Acting Director: Sedibeng DHS
Date: 08.04.2011



APPENDIX B: DATA COLLECTION INSTRUMENTS

