

APPENDICES

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

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Nosipho Hlomela

CLEARANCE CERTIFICATE

M10835

PROJECT

Determining the Extent of Absenteeism by
Nurses in De Aar Hospital

INVESTIGATORS

Ms Nosipho Hlomela.

DEPARTMENT

School of Public Health

DATE CONSIDERED

27/08/2010

DECISION OF THE COMMITTEE*

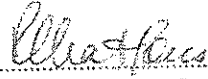
Approved unconditionally

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

DATE

01/11/2010

CHAIRPERSON


(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor: Prof S Pillay

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...



DEPARTMENT OF HEALTH

LEFAPHA LA BOITEKANELO

ISEBE LEZEMPILO

DEPARTEMENT VAN GESONDHEID

Central Karoo Hospital
Private Bag S1006

De Aar
7000

Tel: 053-6312123

Fax: 053-6313183

Enquifas : Ms. N. Hlomela
Dipatlalela :
Imibuso :
Navres :

Date : 2 February 2010

Leilha :

Umhla :

Detum :

Reference :
Tshupelo :
Isalathiso :
Verwysinge :

The Head of Department
Department of Health
Private Bag X5049
Kimberley
8300

To: Dr D. Theys

Cc: Mrs M. Eckard

Re: Request for permission to conduct research at De Aar Hospital

With reference to above, I wish to inform you of the following:

I was granted permission to do the course Masters in Public Health by the Department of Health – Northern Cape through WITS University. I have completed the theoretical part of my studies and have to conduct research so as to be able to complete the course.

I therefore hereby request permission to do research at De Aar Hospital so as to fulfill the requirements for completion. My research topic is :

DETERMINING THE EXTENT AND REASONS FOR ABSENTEEISM IN DE AAR HOSPITAL

The results thereof will be shared with colleagues within the Department of Health – Northern Cape.

N. Hlomela.....(Hospital Manager)
N. HLOMELA (Mrs)



RECOMMENDATION BY THE DISTRICT MANAGER: Mrs M. Eckard

Recommended / Not recommended

Comments

.....

M. Eckard
.....
SIGNATURE

03/02/10
.....
DATE

APPROVAL BY THE HEAD OF DEPARTMENT: Dr D. Theys

Approved / ~~Not approved~~

Comments

.....

.....

D. Theys
.....
SIGNATURE

09/02/2010
.....
DATE

APPENDIX B: DATA COLLECTION SHEET

