

**APPROVAL FORM: UFS AUTHORITIES /
GOEDKEURINGSVORM: UV OOWERHEDE**

FOR PARTICIPATION OF STUDENTS/STAFF OF THIS FACULTY IN RESEARCH
PROJECTS
VIR DEELNAME VAN STUDENTE/PERSONEEL VAN HIERDIE FAKULTEIT AAN
NAVORSINGSPROEKE

Name & student/ staff number
Naam & studente-/personeelnr Michelle Butler 0861139

Department
Departement Physiotherapy

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Study leader(s)
Studieleier(s) Pd Y. Batma + Dr Tel: 051 401 3691

Title of project / Titel van projek
Projek Experiences of interprofessional education in the Faculty of Health Sciences at the UFS.

Who will be involved in the study? Please tick (✓) in appropriate box. /
Wie sal by die studie betrek word? Merk (✓) asseblief in die gepaste blokke.

Personnel Personeel	YES / JA	NO / NEE	Students Studente	YES / JA	NO / NEE
		X		✓	

Please attach the protocol for the study and the Ethics Committee application form.
Kindly note that it is the responsibility of the researcher(s) to ensure that all relevant signatures are obtained before this signed form is returned to the Ethics Committee Administration Division (D115) Francois Retief Building, Faculty of Health Sciences, UFS. The protocol may, however, be submitted for Ethics Committee approval while signatures are being obtained. /

Heg asseblief die protokol vir die studie hierby aan, asook die Etikettekomitee aansoekvorm.
Neem asb kennis dat dit die verantwoordelijkheid van die navorsers(s) is om te verseker dat alle toepaslike handtekeninge verkry word voor hierdie getekende vorm terugbesorg word aan die Etikettekomitee Administratiewe kantoor (D115) Francois Retiefgebou, Fakulteit Gesondheidswetenskappe, UV. Die protokol mag intussen ingehandig word vir Etikettekomitee goedkeuring terwyl handtekeninge bekom word.

A. ☒ Approved / ☐ Reflected /
Goedgekeur / Afgekeur

HEAD OF SCHOOL /
HOOF VAN DIE SKOOL

SIGNATURE / HANDTEKENING [Signature] DATE / DATUM 23/4/15

COMMENTS / KOMMENTAAR:

B. ☐ Approved / ☐ Reflected /
Goedgekeur / Afgekeur

DEAN OF THE FACULTY /
DEKAAN VAN DIE FAKULTEIT

SIGNATURE / HANDTEKENING _____ DATE / DATUM _____

COMMENTS / KOMMENTAAR:

C. ☐ Approved / ☐ Reflected /
Goedgekeur / Afgekeur

DEAN, STUDENT AFFAIRS /
DEKAAN: STUDENTEANGELEENTHEDE

SIGNATURE / HANDTEKENING [Signature] DATE / DATUM _____

(If research will include students on campus and if questionnaires will be distributed in hostels on campus) /
(Indien navorsing studente op kampus insluit en indien vraelyste versprei gaan word in koshuise op kampus)

COMMENTS / KOMMENTAAR:

D. ☐ Approved / ☐ Reflected /
Goedgekeur / Afgekeur

For studies in the Faculty of Health Sciences only / Vir studies by die Fakulteit van Gesondheidswetenskappe alleenlik

VICE-RECTOR: RESEARCH /
VISE-REKTOR: NAVORSING

SIGNATURE / HANDTEKENING [Signature] DATE / DATUM _____

COMMENTS / KOMMENTAAR:

Prof. Corné Withuhn
Viserektor: Navorsing - Vice Rector: Research
Universiteit van die Vrystaat
University of the Free State
Hoofgebou K61 Tel. 051 - 401 2116

The University of the Free State
2015-03-28
Prof. R.C. Withuhn
VISE-REKTOR: NAVORSING