



Application to Examine Dental Cast Material Housed in the Dental Cast Collection of the School of Anatomical Sciences

Surname		Title	
First Name(s)			
Occupation			
Institution			
Department / School			
Telephone number			
E-mail address			
Local address in South Africa			
Local contact telephone number			
Date on which you plan to commence the work			
Date on which you expect to complete the work			

Collaborator's names and email (e.g. supervisors, advisors etc.)

Qualifications		
Institution	Degree	Date Awarded

Title of Study

Purpose of Study (Publication, Thesis, etc.)

FOR OFFICE USE ONLY:

Application Reference Number: DCC2018/

Nature of the Study: *a brief (<3 pages) but detailed research protocol must accompany this application, setting out in detail the sample required (population, sex, age), the purpose and nature of the work, any special techniques or procedures that will be used in carrying it out, and whether or not they might pose any potential risk to the specimens. Please use the Proposal Attachment Template provided.*

Do you intend to photograph any of the specimens?	
If so, for what purpose?	

Applicant's Signature: Date:

FOR OFFICE USE ONLY:

APPROVAL

Has the individual met all expectations of the committee?	
Comments	

Signed: Date:
 Chair: collections committee

Signed: Date:
 Head of School

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 Application Reference Number: DCC2018/