

**APPLICATION FOR AUTHORITY
TO CONDUCT RESEARCH IN KENYA BY NON-KENYANS (1990)
PART II (TO BE COMPLETED BY THE APPLICANT)**

SURNAME OF PROJECT LEADER				OTHER NAMES			
PASSPORT NO				ISSUED AT		DATE	
PERMANENT RESIDENTIAL ADDRESS							
POSTAL ADDRESS							
ADDRESS WHILE STAYING IN KENYA (IF APPLICABLE)							
CONTACT TELEPHONE IN KENYA							
AGE		SEX		NATIONALITY			
QUALIFICATIONS							
<i>(PLEASE ATTACH ABOVE DETAILS FOR OTHER RESEARCH STAFF AND THEIR CURRICULUM VITAE)</i>							
PERSONAL REFEREES (GIVE NAMES AND FULL ADDRESSES OF TWO SENIOR ACADEMIC/PROFESSIONAL REFEREES. THESE SHOULD BE PROFESSIONALLY QUALIFIED IN THE SAME FIELD OF RESEARCH THAT THE APPLICANT WISHES TO UNDERAKE.)							
	REFEREE 1			REFEREE 2			
NAME							
ADDRESS							
OCCUPATION							
SIGNATURE							
DATE							
HAVE YOU APPLIED FOR AUTHORITY TO CONDUCT RESEARCH IN KENYA BEFORE?							YES/NO
TITLE OF THE RESEARCH (IF ANY) PREVIOUSLY APPLIED FOR							

THE APPLICATION WAS APPROVED/REJECTED <i>VIDE</i> THE MINISTRY'S LETTER		REF NO	DATED
HAVE YOU SOUGHT AFFILIATION WITH A KENYAN INSTITUTION APPROVED FOR AFFILIATION PURPOSES		YES/NO	
IF YES, PLEASE GIVE NAME OF INSTITUTION			
<p>IF NO, YOU SHOULD SEEK RESEARCH AFFILIATION WITH A RELEVANT APPROVED KENYAN INSTITUTION AND PROVIDE NAME OF INSTITUTION (A LIST OF INSTITUTIONS APPROVED FOR AFFILIATION IS APPENDED). AFFILIATION IS MANDATORY BEFORE A PERMIT CAN BE ISSUED. IT IS THE RESPONSIBILITY OF THE RESEARCHER TO LOOK FOR SUCH AFFILIATION.</p> <p><i>NOTE: AFFILIATION IS NOT REQUIRED FOR KENYANS SPONSORED BY KENYAN SOURCES OR UNDER APPROVED BILATERAL OR MULTILATERAL AID SCHEMES.</i></p>			
UNIVERSITY/FOUNDATION/ORGANISATION ETC. UNDER WHICH THE RESEARCH PROJECT IS BEING UNDERTAKEN			
SOURCES OF FINANCE		AMOUNT	
TITLE OF THE RESEARCH PROJECT			
PURPOSE OF THE RESEARCH (e.g. MSc, PhD, thesis etc.)			
FIELD AND SCOPE OF THE RESEARCH			
THEME/HYPOTHESIS OF THE RESEARCH			
METHODOLOGY OF THE RESEARCH			
LIST MAJOR EQUIPMENT TO BE BROUGHT TO KENYA BY NON-RESIDENT RESEARCHERS			

LOCATION OF THE FIELD WORK:			
LOCATION/DIVISION:			
DISTRICT			
PROVINCE			
<i>PLEASE NOTE THAT THE GOVERNMENT OF KENYA MAY REQUIRE ALTERNATIVE LOCATION</i>			
ESTIMATED PERIOD OF THE PROJECT	FROM:		
	TO:		
I WILL NEED ACCESS TO THE FOLLOWING PUBLIC RECORDS:			
I WILL NEED TO INTERVIEW THE FOLLOWING GOVERNMENT OFFICIALS			
I NEED TO INTERVIEW MEMBERS OF THE PUBLIC WHOM I WILL SELECT AS FOLLOWS:			
(PLEASE INCORPORATE DETAILS OF SAMPLING PROCEDURES, IF RELEVANT, IN THE DESCRIPTION OF YOUR PROJECT.)			
I INTEND TO USE THE ATTACHED COPIES OF QUESTIONNAIRE(S)			
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE CONDITIONS GIVEN IN PARTS I AND II. I DO AGREE TO ABIDE BY THEM AS REQUIRED AND THAT THE INFORMATION GIVEN BY ME IN PART II IS CORRECT TO THE BEST OF MY KNOWLEDGE.			
I (NAME) DO AGREE TO DEPOSIT AT LEAST 4 COPIES OF A FINAL COMPREHENSIVE REPORT ON MY RESEARCH PROJECT WITH THE GOVERNMENT OF KENYA WITHIN A YEAR FROM THE DATE INDICATED AS THE COMPLETION DATE OF THE PROJECT IN ITEM 14 IN PART II ABOVE.			
DATE		SIGNATURE	

PART III - FOR OFFICIAL USE BY AFFILIATING INSTITUTION

NAME OF AFFILIATING INSTITUTION	
RECOMMENDATION BY THE HEAD OF THE INSTITUTION OF AFFILIATION	

NAME OF OFFICIAL TITLE

SIGNATURE DATE.....

PART IV (FOR USE BY N.C.S.T.)

COMMENTS BY THE RELEVANT GOVERNMENT MINISTRY/DEPARTMENT
SUB-COMMITTEE'S RECOMMENDATIONS

DATE..... SIGNED (CHAIRMAN OF SUB- COMMITTEE)

APPROVED/NOT APPROVED

DATE..... SIGNED (CHAIRMAN OF N.C.S.T. RESEARCH COMMITTEE)

PART V (FOR OFFICIAL USE ONLY)

COMMENTS BY THE RELEVANT GOVERNMENT MINISTRY/DEPARTMENT
SUB-COMMITTEE'S RECOMMENDATIONS

DATE..... SIGNED (CHAIRMAN OF SUB- COMMITTEE)

APPROVED/NOT APPROVED

DATE..... SIGNED (CHAIRMAN OF N.C.S.T. RESEARCH COMMITTEE)