

6. FORMS

6.1 Form I: Sample of application forms for COSTECH Research Clearance.

TANZANIA COMMISSION FOR SCIENCE AND TECHNOLOGY (COSTECH)

P.O. BOX 4302

TEL. +255 22 75311/2/3/4, 75315: FAX: +255 22 75313

TELEX: 41177 UTAFITI : E-MAIL: Rclearance@costech.or.tz

APPLICATION FOR RESEARCH CLEARANCE

(Please type or print)

1. Applicant Personal Particulars

Surname.....

First Name

Title (Mr/Mrs/Ms/Miss/Prof/Dr) (delete the inapplicable)

Nationality..... Date of birth

Highest academic qualification

Institutional Affiliation

.....

Mailing Address

Town/City.....

Region/Province/State.....

Country.....

Permanent address.....

.....

2. Title of proposed research project

.....

.....

3. Purpose of research: PhD/MSc/B.Sc/BA/other (specify)
.....
(delete the inapplicable)
4. Research methodology (brief description)
.....
.....
5. Research objectives
6. Regions in Tanzania where research will be conducted
.....
7. Date research will commence.....
8. Estimated period of research months
9. Sponsor.....
10. Contact address while in Tanzania
11. References (provide names and addresses of two referees, preferably one of whom should be based in Tanzania)
12. Names of other applicants
13. Signature of applicant

6.2 Form II: Sample of application forms for COSTECH Research Clearance Extension.

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APPLICATION FOR RESEARCH CLEARANCE EXTENSION

1. Name:
 2. Nationality:
 3. Title of research project:
.....
 4. Mailing address:
.....
.....
 5. Previous clearance: file no.: Permit no.....
Date issued:..... Date expired:
 6. Extension period from:.....
 7. Original location of research:.....
 8. Extension research location:.....
 9. Reasons for extension:.....
 10. Name and address of local contact:
.....
.....
- Applicant signature:

NOTES

1. This application form must be submitted together with the following:
 - a) A progress report on previous research
 - b) Letter of recommendation of local contact
 - c) Three passport-size photographs (4x5cm) of application

6.3 Form III: Sample of declaration of compliance by the researcher to TAWIRI.

TANZANIA WILDLIFE RESEARCH INSTITUTE (TAWIRI)

P.O. BOX 661, ARUSHA, TANZANIA.

TEL: +255 27 2509871/2548240

FAX: +255 27 2548240. E-MAIL: tawiri@habari.co.tz

DECLARATION OF COMPLIANCE BY THE RESEARCHER TO THE TANZANIA WILDLIFE RESEARCH INSTITUTE

In return for being allowed to work in Tanzania and to use the facilities provided by
TAWIRI,

I hereby undertake:-

1. To adhere to the research activities that have been approved by TAWIRI subject to such subsequent amendments as may be agreed between us.
2. To submit copies of my research and residence permits to TAWIRI and any other places as the case may be; immediately on arrival.
3. To follow and abide by the instructions of the Director General, TAWIRI in all matters concerned with the administration and discipline of the Institute.
4. To prepare such periodic reports on my work as the Director General TAWIRI may require.
5. To provide the Director General, TAWIRI with such duplicate records and copies as he may require of photographs of observations made by me for retention in the Institute. The copyright of any films on the experiments shall remain the property of TAWIRI.
6. To submit the results of my work to a suitable journal or publisher and to present such papers or articles first to the Director General, TAWIRI who shall give or withhold his assent to the Institute being associated therewith.
7. To assist to the best of my abilities the authorities of the Institute particularly

supporting local scientist as the case may be and have included budget for such a commitment.

8. To adhere to any agreement regarding donation of research equipment and/or vehicles after a specified period of time as indicated in my budget and application forms.
9. To inform the Director, or any other person as the case may be, in charge of a Wildlife Research Station of my absence from my working station in writing and particularly when I am away from that research station.
10. To attend and give seminars as may be required within the Institute, or any other place as may be required by TAWIRI.
11. To abide to the rules laid down by the Director General of Tanzania Commission for Science and Technology for conducting scientific work in Tanzania, as per the law of the land.
12. In the event that any of the above is violated, my contract will be revoked and/or my research clearance will be withdrawn. We can also notify sponsors on professional associating to take action.
13. Responsibility of paying local contacts.
14. Costs of immobilization

Date.....200...

Full Name.....

Signature.....

TANZANIA WILDLIFE RESEARCH INSTITUTE

P.O. BOX 661, ARUSHA.

APPLICATION FOR A PERMIT TO CARRY OUT WILDLIFE RESEARCH IN TANZANIA.

1. I,.....of apply for a permit to carry out wildlife research in Tanzania.
2. I would like the study area to be in..... National Park/Game Reserve/District.
3. My field of study will be
4. I am/I am not joining existing project in this area
5. I am funded by..... and have included in my budget a provision for assisting a local scientist/donation of equipment/donation of motor vehicle/any other items as the case may be.
6. Reference names and addresses:
 - a)
 - b)
 - c)
7. I am enclosing my project proposal, curriculum vitae and passport size photo for your kind scrutiny.
8. Signature.....
9. Date.....