



RESEARCH DATA REQUEST FORM

Please fill in the form with the relevant details

PART A - Information about Researcher

Name: _____ Date _____

Organization/Institution: _____ Tel: _____

Address _____ Email: _____

PART B - General information about the research and the collected research data

Title of the Research
project

Purpose/objectives
of Research

Expected benefits of
research to UEGCL

Data to be collected
(Questionnaire,
audio, video,
documents: specify)



UEGCL
Generating *for* Generations

Expected start and completion dates of research

Are there any known associated risks

Future publishing, archiving and reuse of the data

PART C - Acknowledgment

- This information/data collected will be used for research purposes only

- Outputs of the study in form of reports, dissertations, publications, etc. will be shared with UEGCL

- I'm willing to make a presentation on the results either online or physically to a UEGCL select group if called upon

- The data obtained will not be shared with Third Parties as stipulated by UEGCL's confidentiality and Non-Disclosure Policy

Name of Researcher

Signature

Date

