THE HEALTH FACILITY MANAGER: …………………………………

RE: APPLICATION TO DO RESEARCH PROJECT: FACTORS INFLUENCING THE ABILITY OF PRIMARY HEALTH CARE NURSES TO DIAGNOSE TB IN CHILDREN

The Gert Sibande District Manager and your Primary Health Care Manager have granted permission for me to conduct research at your health facility. Included find the following:

1. Letter of approval for the research project by the Mpumalanga Health Research Ethics Committee
2. Letter of approval – Gert Sibande District Manager
3. Letter of approval – Primary Health Care Manager
4. Letter of agreement to be signed by respondent and the researcher

The research could contribute to improved management of TB in children.

I would like to do it as soon as possible. Thank you in anticipation.

Ms SC Vellema

Communicable Diseases Control Coordinator
Lekwa and Dipaleseng Municipal Areas