

**Directorate of Research and Innovation  
Research Data Management Workshop**

**27<sup>th</sup> – 28<sup>th</sup> March 2019**

**Registration**

Title	
Name	
Surname	
School	
Department	
Qualifications	
Email	
Office telephone	
Cell number	
Title of research project the applicant is currently doing (if any)	

**Undertaking:**

I undertake to attend Research Data Management Workshop

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Head of Department: ----- Signature:-----

Name of Supervisors/Promoters/Mentors:-----Signature-----

(For Postgraduate Students/Postdoctoral Fellows)

