**Correction Sheet**

based on examiners comments for MS/MPhil Research Report entitled:

“Research Title”

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Supervisor,**

Kindly receive the list of corrections. I have made to my research report following the comments/suggestions of examiners.

**1ST EXAMINER’S REPORT AND CORRECTIONS**

Note: Mentioning the page number of the corrections is mandatory.

**Detailed Candidate Report**

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| **Overall** |
| **Examiner’s Comment:** |
| Thank you for your comment. I have reworked the discussion section to link both the reflective and empirical sections of the research report. See pages 55 to 57. |

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| **Throughout—especially Chapter 1 and 2** |
| **Examiner’s comment:** The concepts of forensic nursing and assault care provision are used interchangeably. While these are overlapping disciplines, they are not the same thing. For example Chapter I may be more usefully framed as a brief history of assault care nursing‐ this can link to Virginia Lynch‘s initiatives and also include discussion on the Assault Nurse Examiner (ANE) initiatives in the US & Canada. There is quite a bit of data on this and conceptually it will keep the report more focused on assault care by nurses rather than forensic nursing which is a much bigger discipline. |
| **Thank you for your comment. I have made the recommended changes concerning chapter title changes, the link to assault nursing and to the work of Prof. Lynch. Please see changes made on pages 14, 14‐16, and 29.** |

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| **Chapter 3** |
| **Examiner’s comment:** If the framing of forensic nursing for Chapter 3 if retained it would require presentation of the University of the Free State post graduate forensic nurse training and the training of doctors through the College of Medicine These additions would not be necessary if the heading of Chapter 3 was changed to Assault Care Training for Nurse’s in South Africa. The link to forensic nursing can still be made but the focus should be specifically on Assault Care Training |
| **Thank you for your comment. I have made the recommended changes on pages 14‐17, 22, 26, 27, 28 and 38‐57.** |

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| **Throughout** |
| **Examiner’s comment:** Clear links between the reflective and empirical components need to be made. One link between the reflective and empirical components would be to discuss the fact that the Deputy Director who initiated the training was one of the first cohorts of nurses trained by Dr Els in Kimberley. |
| **Thank you for your suggestion. Whilst I had included a discussion of the role of Dr Els, I have expanded this as reflected in my changes on pages 29‐36.** |

**2ND EXAMINER’S REPORT AND CORRECTIONS**

**Detailed Candidate Report**

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| **Section** |
| **Examiner’s comment:** |
| **Student’s correction** |

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| **Section** |
| **Examiner’s comment:** |
| **Student’s correction** |

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| **Section** |
| **Examiner’s comment:** |
| **Student’s correction** |

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Consent**

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the corrections of student name, whose thesis was reviewed and analyzed by Dr. Examiner Name 1 and Dr. Examiner Name 2 got back with minor/major corrections.

I am fully satisfied that student has rectified his/her minor/major changes.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRC/HOD Remarks and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Examiner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Examiner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deputy Director/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**