

FORM E2: INFORM COMMITTEE FOR SPATIAL INFORMATION OF THE INTENTION TO CAPTURE SPATIAL DATA

Base Dataset Custodian Notification

To be completed by Base Dataset Custodians to inform CSI of intention to capture spatial data			
Name of organisation: _____ _____		CSI reference number (for office use only): _____	
		Urgency (mark with X)	
		Low <input type="checkbox"/>	Medium <input type="checkbox"/>
		Data usage restrictions (mark with X)	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of organisation (mark with X)		Proposed dataset title: _____ _____	
National <input type="checkbox"/>	Provincial <input type="checkbox"/>		
Municipal <input type="checkbox"/>	Tribal Authority <input type="checkbox"/>		
Organisation address: _____ _____ _____		Proposed project name: _____ _____	
Contact person name: _____		Purpose of dataset: _____ _____	
Designation: _____		Lineage statement (<i>optional if existing dataset is used as part of capture process</i>): _____ _____ _____	
Phone Number: _____			
Fax Number: _____			
Email Address: _____			
Proposed capture start date: _____			
Proposed capture end date: _____			
Estimated cost in SA Rand: _____			
Geographic extent (mark with X)			
National <input type="checkbox"/>	Provincial <input type="checkbox"/>	Magisterial district <input type="checkbox"/>	
Municipal <input type="checkbox"/>	Tribal authority <input type="checkbox"/>	Voting District <input type="checkbox"/>	
Ward boundaries <input type="checkbox"/>		Enumerator areas <input type="checkbox"/>	
Land parcels <input type="checkbox"/>		Other: _____	
Data Type (mark with X)			
Vector		Raster	
Point <input type="checkbox"/>	Satellite imagery <input type="checkbox"/>		
Network <input type="checkbox"/>	Radar <input type="checkbox"/>		
Line <input type="checkbox"/>	Aerial photography <input type="checkbox"/>		
Polygon <input type="checkbox"/>	Other imagery <input type="checkbox"/>		
Proposed spatial resolution or scale of capture: _____ _____		Method of capture (mark with X)	
Associated attributes: _____ _____ _____		Aerial photography <input type="checkbox"/>	Survey (cadastral) <input type="checkbox"/>
		Remote sensing <input type="checkbox"/>	Survey (questionnaire) <input type="checkbox"/>
		Digitizing <input type="checkbox"/>	Scanning & vectorising <input type="checkbox"/>
		GPS coordinate capture <input type="checkbox"/>	Other <input type="checkbox"/>
		Detail method of capture: _____ _____	
Request submitted by: _____		Designation: _____	
Signature of applicant: _____		Date: _____	

Organisational Details

Proposed dataset title						
Purpose of dataset						
Lineage statement (<i>optional if existing dataset is used as part of capture process</i>)						
Feature description (<i>short summary of features that are to be collected</i>)						
Proposed Abstract describing the envisaged dataset						
Method of capture			Checkbox list: - Aerial photography - Remote sensing - Survey (cadastral) - Survey (questionnaire) - Digitizing - Scanning & vectorising - GPS coordinate capture - Other			
Other						Add this field
Detail method of capture						
Request submitted by						
Designation						
Signature of applicant						Remove from digital (on-line) Form
Date						

Field Types = (Textbox, dropdown list, Radio button, check box, button)

Data type = (Free text, numeric, alphanumeric, special character, special type (based on business need))