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| **DEPARTMENT OF [DEPT NAME HERE]** | | |  |
| UNIVERSITY OF CAPE TOWN  **PRIVATE BAG X3**  RONDEBOSCH 7701  SOUTH AFRICA | RESEARCHER/S: TELEPHONE:  E-MAIL:  URL: | Your name/s here  +27-21-650 XXXX  your email here  proj or dept url here |

# Informed Voluntary Consent to Participate in Research Study

**Project Title** [provide suitably descriptive project title here]

**Invitation to participate, and benefits:** You are invited to participate in a research study conducted with [e.g. rice farmers, school teachers, etc.]. The study aim is to [fill in particulars here]. I believe that your experience would be a valuable source of information, and hope that by participating you may gain useful knowledge.

**Procedures:** During this study, you will be asked to [fill in particulars here].

**Recording:** We may take photographs and/or record audio/video as part of the study. These will be used [in the following manner]. If you object to this, please indicate below. [Please edit/remove as necessary].

**Risks:** There are no potentially harmful risks related to your participation in this study. [Delete one of these sentences.] The harmful risks to you, related to your participation in this study, may be [provide details]

**Feedback**: You will receive feedback about the results of this research in the following manner [provide details as relevant].

**Disclaimer/Withdrawal:** Your participation is completely voluntary; you may refuse to participate, and you may withdraw at any time without having to state a reason and without any prejudice or penalty against you. Should you choose to withdraw, the researcher commits not to use any of the information you have provided without your signed consent. Note that the researcher may also withdraw you from the study at any time.

**Confidentiality**: All information collected in this study will be kept private in that you will not be identified by name or by affiliation to an institution. Confidentiality and anonymity will be maintained as pseudonyms will be used. [Please edit if you have a non-standard policy].

**What signing this form means:** By signing this consent form, you agree to participate in this research study. The aim, procedures to be used, as well as the potential risks and benefits of your participation have been explained verbally to you in detail, using this form. Refusal to participate in or withdrawal from this study at any time will have no effect on you in any way. You are free to contact me, to ask questions or request further information, at any time during this research.

I agree to participate in this research (tick one box)  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

*[The following statements are suggested items only and may be replaced or deleted as appropriate for your study. – please delete this line]*

I agree to be photographed  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to be audio-recorded  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to be video recorded  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

I agree to the use of anonymized photographs/audio recordings/videos *[researcher to delete as applicable]* in publications, presentations, and websites *[edit to match your planned use of recordings, this line is not necessary if recordings are only to be used for data analysis ]*  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

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| Name of Participant | Signature of Participant | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Researcher | Signature of Researcher | Date |