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| **DEPARTMENT \_\_\_\_\_\_\_\_\_\_** | | |  |
| UNIVERSITY OF CAPE TOWN  **PRIVATE BAG X3**  RONDEBOSCH 7701  SOUTH AFRICA | RESEARCHER/S: TELEPHONE:  E-MAIL:  URL: |  |

# Informed Voluntary Consent to Participate in Research Study

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

**Invitation to participate, and benefits:** We invite your child to participate in a research study conducted with [e.g. high school learners]. The study aim is to [fill in particulars here]. We value your child’s unique experiences and believe they could provide insightful information for our research. By participating, we hope your child will also gain beneficial knowledge about [research topic]. We look forward to your child’s participation.

**Procedures:** During this study, your child 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 your child being photographed or recorded, please indicate below. [Please edit/remove as necessary].

**Risks:** There are no potentially harmful risks related to your child’s participation in this study. [Delete one of these sentences.] We will work together with you if any risks arise. The harmful risks to your child’s participation in this study may be [provide details]

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

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

**Confidentiality**: All information collected in this study will be kept private in that your child 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, your child agrees to participate in this research study. The aim, procedures to be used, as well as the potential risks and benefits of your child’s participation have been explained verbally to your child in detail, using this form. Refusal to participate in or withdrawal from this study at any time will have no effect on your child in any way. You and your child are free to contact me, to ask questions or request further information, at any time during this research.

I agree to my child’s participation 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 child’s study. – please delete this line]*

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

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

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

I agree for my child to the use of anonymized photographs /audio recordings/

videos *for data analysis*  Yes  No \_\_\_\_\_\_\_\_\_ (Initials)

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| Name of Participant | Signature of Participant | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Parent/Legal Guardian | Signature of Parent/Legal Guardian | Date |

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| Name of Researcher | Signature of Researcher | Date |

**Assent to participate in a Research Study** ([youngest age accepted] to 18 years of age)

Hey there! We’re inviting you to join a cool research study about [topic]. [explain the purpose of the study in simple language]

Here’s what happens:

[Explain workshops, interviews or other activities]

We might take photos or record audio and video during the study. But don’t worry, we’ll remove any personal info.

If you have any concerns, let us know! We want everyone to feel comfortable.

The participant signed above as documentation of assent to take part in this study.The following should be completed by the study member conducting the assent process if the participant agrees to be in the study:

The participant is capable of reading the assent form and has signed above as documentation of assent to take part in this study.

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| Name of Child Participant | Signature of child participant | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Parent/legal guardian | Signature of parent/legal guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_** |
| Name of Researcher | Signature of Researcher | Date |