# WRITTEN CONSENT FORM

## Research Study: Ubuntu Philosophy Bridging AI-Organizational Gaps

**Researcher:** Craig Vraagom (Student #40241517)  
**Institution:** Richfield University  
**Supervisor:** Jemini Matiya  
**Ethics Approval:** BSCH202588

## CONSENT TO PARTICIPATE

I have read and understood the Participant Information Sheet and confirm that:

* ☐ I understand the purpose of this research study
* ☐ I understand that my participation is completely voluntary
* ☐ I understand that I can skip any questions I don’t want to answer
* ☐ I understand that I can withdraw from the study at any time before data analysis without penalty
* ☐ I understand that my responses will be kept confidential and anonymized
* ☐ I understand that my identity will not be revealed in any publication or presentation
* ☐ I understand that the data will be stored securely and only the researcher will have access
* ☐ I understand that anonymized findings may be used in the dissertation and future publications
* ☐ I agree to participate in this research study by completing the written questionnaire

## PARTICIPANT DETAILS

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## RESEARCHER CONTACT INFORMATION

If you have any questions or concerns, please contact:

**Craig Vraagom**  
Email: [your email]  
Phone: [your phone]

**Supervisor: Jemini Matiya**  
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## FOR RESEARCHER USE ONLY

**Consent form received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant ID assigned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign and return this form to Craig Vraagom before completing the questionnaire.**

**Keep a copy for your records.**