

## DEPARTMENT OF Computer Science

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### Informed Voluntary Consent to Participate in Research Study

**Project Title:** Milk Matters: Milk Donor Motivation

**Invitation to participate, and benefits:** You are invited to participate in a research study conducted with milk donor mothers. The study aim is to develop a mobile application for milk donors. 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 test prototypes of the mobile application as well as answer questions on it's effectiveness and provide any suggestions towards the applications development and functionality.

**Risks:** Content in or use of the app being studied may make you feel uncomfortable. We will seek to minimize this by developing everything in consultation with Milk Matters. However, if you do feel uncomfortable, please let us know as we strive to make an application that meets your needs.

**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.

#### 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)

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date