

**STELLENBOSCH UNIVERSITY**

**CONSENT TO PARTICIPATE IN RESEARCH**

TITLE OF THE RESEARCH PROJECT:

**REFERENCE NUMBER:**

**RESEARCHER:**

**ADDRESS:** *(Academic department, not home address)*

**CONTACT NUMBER:**

Dear …… (Colleague, *fellow teacher, fellow student, parents etc)*

My name is xxxxxxxxxx and I am………… I would like to invite you to participate in a research project entitled …..

Please take some time to read the information presented here, which will explain the details of this project and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Humanities Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to accepted and applicable national and international ethical guidelines and principles.

*Continue with full details of the study here in a letter format. Include information on the following points. (Consider what you would like to know if you were been asked to participate in this study):*

* *Potential for negative effects or risk of harm, including discomfit, inconvenience, psychological stress, stigmatisation etc*
* *Potential benefits of participation- be realistic and don’t overstate the benefits*
* *Payment for participation (if any)*
* *Voice or video recordings of interviews; storage of and access to recording data*
* *Issues related to privacy and confidentiality of information, including how and where data will be stored, if it will be anonymised, coded or identifiable, who will have access to it, whether or not data sharing is envisaged etc*
* *Participation and withdrawal, making clear that participation is completely voluntary and withdrawal at any time during the research study can occur without any negative consequences; participants can choose not to answer certain questions and still remain in the study*

If you have any questions or concerns about the research, please feel free to contact…..

*Please provide your contact details and preferably that of your supervisor as well, if you are a student.*

**RIGHTS OF RESEARCH PARTICPANTS:** You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

You have right to receive a copy of the Information and Consent form.

**If you are willing to participate in this study please sign the attached Declaration of Consent and** *(hand it to the investigator, place it in the box available, etc as is appropriate to your project)*

Yours sincerely

Xxxxxxx

Principal Investigator

### DECLARATION BY PARTICIPANT

By signing below, I …………………………………..………………. agree to take part in a research study entitled……… ………………. and conducted by …… (Name of Researcher)

I declare that:

* I have read the attached information leaflet and it is written in a language with which I am fluent and comfortable.
* I have had a chance to ask questions and all my questions have been adequately answered.
* I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
* I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
* I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
* All issues related to privacy and the confidentiality and use of the information I provide have been explained to my satisfaction.

Signed at (*place*) ......................…........…………….. on (*date*) …………....……….. 2009.

Signature of participant

|  |
| --- |
| **SIGNATURE OF INVESTIGATOR** |

I declare that I explained the information given in this document to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*name of the participant]* *[H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/\*English/\*Xhosa/\*Other*] and [*no translator was used/this conversation was translated into \_\_\_\_\_\_\_\_\_\_\_* by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]*.*

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**Signature of Investigator Date**