**PARENT AND GUARDIAN’S INFORMED CONSENT DECLARATION**

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**(Parent or Guardian)**

Project Title: …………………………………………………………………………………..

*……………...…(****name of researcher/person administering the research instrument)*** from the Department of …………………………, University of Zululand has requested my permission to allow my child/ ward to participate in the above-mentioned research project.

The nature and the purpose of the research project, and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to …………….
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project my child/ward will be contributing towards

…………………….. (***state expected value or benefits to society or individuals that will arise from the research***)

1. My child/ward will participate in the project by ………………. (***state full details of what the participant will be doing***)
2. My child’s/ward’s participation is entirely voluntary and if my child/ward is older than seven (7) years, s/he must also agree to participate.
3. Should I or my child/ward at any stage wish to withdraw my child/ward from participating further, we may do so without any negative consequences.
4. My child/ward may be asked to withdraw from the research before it has finished if the researcher or any other appropriate person feels it is in my child’s/ward’s best interests, or if my child/ward does not follow instructions.
5. Neither my child/ward nor I will be compensated for participating in the research. (***Should there be compensation, provide details***)
6. There may be risks associated with my child’s/ward’s participation in the project. I am aware that
   1. the following risks are associated with participation (***state full details of***

***risks associated with the participation***)

* 1. the following steps have been taken to prevent the risks: ……...
  2. there is a % chance of the risk materialising

1. The researcher intends publishing the research results in the form of

…………………………………….. However, confidentiality and anonymity of records will be maintained and that my or my child’s/ward’s name and identity will not be revealed to anyone who has not been involved in the conduct of the research.

1. I will not receive feedback/will receive feedback in the form of regarding the

results obtained during the study.

1. Any further questions that I might have concerning the research or my participation will be answered by (***provide name and contact details***)
2. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies that I or my child/ward may have.
3. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I, ………………………………………………………………………….. have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document’s contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of my child/ward during the research.

I have not been pressurised in any way to let my child/ward take part. By signing below, I voluntarily agree that my child/ward ………………………………………………………………

(**insert name of child/ward**), who is …………….. years old, may participate in the above- mentioned research project.

…………………………………. ………………………………….

**Parent/Guardian’s signature Date**