# ANNEXURE E: CHILD PARTICIPANT’S CONSENT FORM

**INFORMED CONSENT DECLARATION**

**(Child participant)**

(Acknowledge reference to Stellenbosch and Fort Hare)





**Project Title** (**Simplify it if necessary**)

**Researcher’s name:** ………………………………………………………………………………

**Name of participant:** ………………………………………………………………………………

1. Has the researcher explained what s/he will be doing and wants you to do?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Has the researcher explained why s/he wants you to take part?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you understand what the research wants to do

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you know if anything good or bad can happen to you during the research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you know that your name and what you say will be kept a secret from other people?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Did you ask the researcher any questions about the research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Has the researcher answered all your questions?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you understand that you can refuse to participate if you do not want to take part and that nothing will happen to you if you refuse?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you understand that you may pull out of the study at any time if you no longer want to continue?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Do you know who to talk to if you are worried or have any other questions to ask?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Has anyone forced or put pressure on you to take part in this research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

1. Are you willing to take part in the research?

|  |  |  |
| --- | --- | --- |
| YES |  | NO |

**Signature of Child Date**

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