

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

**INFORMED CONSENT DECLARATION
(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***)
4. My child/ward will participate in the project by (***state full details of what the participant will be doing***)
5. 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.
6. 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.
7. 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.
8. Neither my child/ward nor I will be compensated for participating in the research. (***Should there be compensation, provide details***)
9. There may be risks associated with my child's/ward's participation in the project. I am aware that
 - a. the following risks are associated with participation (***state full details of risks associated with the participation***)

- b. the following steps have been taken to prevent the risks:
- c. there is a % chance of the risk materialising

- 10. 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.
- 11. I will not receive feedback/will receive feedback in the form of.....regarding the results obtained during the study.
- 12. Any further questions that I might have concerning the research or my participation will be answered by..(**provide name and contact details**)
- 13. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies that I or my child/ward may have.
- 14. 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

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