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| --- | --- |
| NWU full logo black(Recipient name)(Recipient address)(Recipient address)(Recipient address) | Private Bag X6001, PotchefstroomSouth Africa 2520Tel: 018 299-1111/2222Web: http://www.nwu.ac.za**Faculty of Education****(Research entity details)**Tel: 018 111 1111Email: Name.Surname@nwu.ac.zaDate |

Goodwill permission: school governing body/OTHER RELEVANT BODY

I herewith wish to request your permission for [details of participants] to participate in this research, which involves [enter details]. Prior to granting permission, please acquaint yourself with the information below.

The details of the research are as follows:

**TITLE OF THE RESEARCH PROJECT:**

**xxx.**

**ETHICS APPLICATION NUMBER**

**xxx**

PROJECT SUPERVISOR: xxx

CO-SUPERVISOR: xxx

ADDRESS: xxx

CONTACT NUMBER: 018 299 xxx

MEMBER OF PROJECT TEAM MEd-Student: xxx

ADDRESS: xxx

CONTACT NUMBER: xxx

FACULTY OF EDUCATION RESEARCH ETHICS COMMITTEE

Contact person: Ms Erna Greyling, E-mail: Erna.Greyling@nwu.ac.za, Tel. (018) 299 4656

This study has been approved by the Research Ethics Committee of the Faculty of Education of the North-West University and will be conducted according to the ethical guidelines of this committee. Permission was also obtained from the provincial Department of Basic Education.

**What is this research about?**

The aims of this research are:

* xxx.
* xxx.
* xxx.

**Participants**

* xxx.

**What is expected of the participants?**

xxx.

**Benefits to the participants**

xxx.

**Risks involved for participants**

xxx.

**Confidentiality and protection of identity**

xxx.

**Dissemination of findings**

xxx.

If you have any further questions or enquiries regarding your participation in this research, please contact the researchers for more information.

**DECLARATION BY SGB CHAIRPERSON/RELEVANT RESPONSIBLE PERSON:**

By signing below, I …………………………………..…………. agree to give permission for the research to take place with the identified participants in the study entitled:

**[Enter title here]**

**I declare that:**

* I have read this information and consent form and understand what is expected of the participants in the research.
* I have had a chance to ask questions to the researcher and all my questions have been adequately answered.
* I understand that taking part in this study is voluntary and participants will not be pressurised to take part.
* Participants may choose to leave the study at any time and will not be penalised or prejudiced in any way.
* Participants may be asked to leave the research process before it is completed, if the researcher feels it is in their best interests, or if they do not follow the research procedures, as agreed to.

Signed at (place)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date) \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of SGB Chairperson/Relevant responsible person**