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

participant information and consent form

I herewith wish to request your consent to participate in this research, which involves [enter information]. Before you give consent, 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 asked from the provincial Department of Basic Education/other relevant body (please describe) as well as the school principal (if relevant).

**What is this research about?**

The aims of this research are:

* xxx.
* xxx.
* xxx.

**Participants**

* xxx.

**What is expected of you as participant?**

xxx.

**Benefits to you as participant**

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.

Yours sincerely

(Researcher)

**DECLARATION BY PARTICIPANT:**

By signing below, I …………………………………..…………. agree to take part in a research study entitled:

**[Enter title here]**

**I declare that:**

* I have read this information and consent form and understand what is expected of me 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 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 research process before it has finished, if the researcher feels it is in my best interests, or if I do not follow the research procedures, as agreed to.

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

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

**Signature of participant Researcher**