**PARENT AND GUARDIAN’S INFORMED CONSENT**

**INFORMED CONSENT DECLARATION**

**(To be signed Parent or Guardian of research participant aged 17 years or younger)**

Project Title: ……………………………………………………………………………….***Details to be filled in by the principal investigator and/or supervisor***

*……………...…(****name of principal investigator administering the research instrument)*** from the Department of …………………………, Rhodes University 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 …………….***(to be filled in by the principal investigator)***
2. The Rhodes University has given ethical clearance to this research project [**Ethics clearance number**] and I have seen/ may request to see the clearance certificate from ethics-committee@ru.ac.za
3. By participating in this research project my child/ward will be contributing towards …………………….. (***principal investigator and/or supervisor to 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 ………………. (***principal investigator and or supervisor to*** ***state full details of what the participant will be doing***)
5. My child’s participation is entirely voluntary and s/he must also agree to participate.
6. Should I or my child/ward at any stage wish to withdraw from participating further, we may do so without any negative consequences.
7. My child 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 best interests, or if my child does not follow instructions.
8. Neither my child nor I will be compensated for participating in the research. (***Should there be compensation, provide details and rephrase this clause***)
9. There may be risks associated with my child’s participation in the project. I am aware that
   1. the following risks are associated with participation: ………..
   2. the following steps have been taken to prevent the risks: ……... ***(principal investigator and/or supervisor to provide full details of potential risks and step taken to mitigate them)***
10. The researcher intends publishing the research results in the form of ……………………………………..***(provide details).*** 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, ***unless my child and I agree to waive this confidentiality***.
11. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of ……………… (***Researcher and/or Supervisor to provide full details on how feedback will be communicated***) unless ***I elect not to receive this feedback.***
12. Any further questions that I might have concerning the research, or my participation will be answered by……………… (***provide name and contact details of the Researcher***)
13. I ***agree*** to the Researcher’s request to take photographs, or videoing my child as part of this research project, recognising that agreement here is likely to raise the risk of compromising their anonymity and that steps will be taken to ensure this will not happen it my consent is given.  
      
    I ***agree*** to the Researcher’s request to take photographs, or videoing my child as part of this research project, recognising that this is for purposes of recording data and no footage will be published or publicised in any way
14. I ***agree*** to the Researcher’s use of voice recording of my child’s comments and opinions during interviews, the purpose of which is to ensure the accurate recording of their views/responses. Furthermore, I have the right to request a copy of the interview transcriptions.
15. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies that I or my child/ward may have.
16. 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 during the research.

I have not been pressurised in any way to let my child take part. By signing below, I voluntarily agree that my child/ward ……………………………………………………………… (**insert name of child**), who is …………….. years old, may participate in the above-mentioned research project if they want to.

…………………………………. ………………………….

**Parent/Guardian’s signature**  **Date**