**PARTICIPANT INFORMED CONSENT DECLARATION**

**(To be signed by research participant/s)**

Project Title: ***………………………………………………………………………………… (To be completed by the Researcher and/or the Supervisor).***

*……………… (****Name of Researcher/person administering the research instrument)*** from the Department of …………………………, Rhodes University has requested my permission 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 completed by the Researcher and/or Supervisor)***
2. Rhodes University has given ethical clearance to this research project ***(Ethics Approval Number)*** and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)
3. By participating in this research project I will be contributing towards …………………….. (***Researcher and/or Supervisor to state expected value or benefits to society or individuals that will arise from the research***)
4. I will participate in the project by ………………. (***Researcher and/or the Supervisor to state full details of what the participant will be doing, i.e. their role in the research***)

I will participate in the project by taking part in a Focus Group. I will treat all information discussed during Focus Groups as confidential. However, I also acknowledge that the Researcher cannot guarantee confidentiality of anything I might disclose during Focus Groups, and I will therefore take care not to disclose anything that I would not want traced back to me due to indiscretion on the part of other Focus Group participants.

1. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
2. I will not be compensated for participating in the research.

I will be reimbursed for any expenses I incur due to my participation in the research, namely …. (***Define what expenses will be reimbursed and amount to be reimbursed by***)

1. The following risks are associated with my participation: ……….. (***Researcher and/or Supervisor to state full details of risks associated with the participation and steps to prevent/alleviate the risk***)
2. The Researcher intends to publish the research results in the form of ***(Researcher and/or Supervisor to provide relevant details) ………………………***…………….. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in the conducting of the research.

The Researcher intends to publish the research results in the form of ***(Researcher and/or Supervisor to provide relevant details) ………………………***…………….. and I recognise that as a public figure, my identity will inevitably become known, and I agree to accept the loss of anonymity.
3. In terms of the Protection of Personal Information Act (No. 4 of 2013) it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.
4. Data collected from me for this research project will not be used for any further study.

I consent to data collected from me for this research project being used by the Researcher in a follow up study.

If any data collected from me for this research project is to be used by the Researcher for any further study, I am to be informed in writing and my written consent requested again. I need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, I can simply reject the request. In such cases, a formal request needs to be made to me by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).
5. 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.*
6. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by ………………. (***Provide the name of the Researcher and the Rhodes email address. ERAS does not respond to private emails e.g. Gmail addresses)***
7. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.

1. I ***agree*** to the Researcher’s request to take photographs, or video me as part of this research project, recognising that this is likely to compromise my anonymity.

I ***agree*** to the Researcher’s request to take photographs, or video me as part of this research project, provided that any identifying features will be blurred out or otherwise manipulated to protect my identity.

I ***agree*** to the Researcher’s request to take photographs, or videoing me as part of this research project, recognising that this is purely for purposes of recording data and no footage will be published or publicised in any way.

1. I ***agree*** to the Researcher’s use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded

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 me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

I would like to receive feedback at this email address: .…………………..……………………….

I would like to receive feedback at this cell number: .……………………………………………….

I elect not to receive feedback: ……………………………...……………….(initial on dotted line)

…………………………………. ………………………… ………………………….

**Participants signature** **Witness**  **Date**