**[INSERT PROJECT TITLE HERE**

Rhodes University has given ethical clearance to this research project ***(Ethics Approval Number)*** and you may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)

The purpose of the research project is to ……………. (***to be completed by the Researcher and/or Supervisor)***

Please take this survey if …….. (***insert participant characteristics here)***

By participating in this research project you will be contributing towards …………………….. (***Researcher and/or Supervisor to state expected value or benefits to society or individuals that will arise from the research***)

Your participation in this project will involve …………. (***Researcher and/or the Supervisor to state full details of what the participant will be doing, i.e. their role in the research***)

Your participation is entirely voluntary and should you not wish to participate, close this window now and do not click on the button below.

You will not be compensated for participating in the research.

The following risks are associated with your participation: ……….. (***Researcher and/or Supervisor to state full details of risks associated with the participation and steps to prevent/alleviate the risk***)

Should you experience any of the above, please ……….. (***Researcher and/or Supervisor to provide details of mitigation measures put in place should risks materialise***)

The research results of this project will be published in the form of ***(Researcher and/or Supervisor to provide relevant details) ………………………***…………….. However, confidentiality and anonymity of records will be maintained, and your name and identity will not be revealed.

In terms of the Protection of Personal Information Act (No. 4 of 2013) you have the right to request the Researcher to provide you with a detailed explanation of exactly how confidentiality and anonymity of the data you provide will be achieved. You may also request to know exactly how your personal information will be stored securely, and for how long it will be stored.

Data collected from you for this research project will not be used for any further study.

Data collected from you for this research project will be used by the Researcher in a follow up study.

In terms of the POPI Act, you possess the right to receive feedback about this research. If you require feedback, please provide your email address:

Any further questions that you have regarding the nature of the research and/or your participation in it will be answered by ………………. (***Provide the name of the Researcher and the Rhodes email address.***

By clicking on the link below I confirm that I have read the information above, and fully understand the purposes of the research and what is expected of me.

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

**CLICK HERE**