

Building F13, Room 116

Human and Social Sciences Research Ethics Committee (HSSREC)

21081719@nwu.ac.za

**DATE:**

|  |
| --- |
| HSSREC Authorization |

**PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM**

|  |  |
| --- | --- |
| **Title of the research project** |  |
| **Ethics number** |  |
| **Principal investigator** |  |
| **Student number**  |  |
| **Address** |  |
| **Email address** |  |
| **Contact number** |  |

You are being invited to take part in a research project that forms part of my........ Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part. Prior to publication of the study’s results (or the point that publication is in process), you may also withdraw the data you generate.

This study has been approved by the **Basic Social Sciences Research Ethics Committee (HSSREC) of the Faculty of Humanities of the North-West University (NWU.............)** and will be conducted according to the ethical guidelines and principles of the international Singapore Statement on Research Integrity (2010) and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records to make sure that we (the researchers) are conducting research in an ethical manner.

**What is this research study all about?**

* This study is an investigation of ... and will involve the use of … (*methods*)
* The researcher has been trained to use the methods mentioned in the previous sentence.
* Approximately … (*number*) participants will be included in this study.
* The objectives of this research are:
	+ …
	+ …

**Why have you been invited to participate?**

* You have been invited to participate because you are …
* You have also complied with the following inclusion criteria: … *(be specific about gender, race, socio-economic class, level of education, occupation, etc.).*
* You will be excluded if … *(be specific about gender, race, socio-economic class, level of education, occupation, etc.).*

**What will your responsibilities be?**

* You will be invited to participate in the noted study by *…* (*interviews; focus group discussions; online questionnaires, etc.*).
* You will have … days/weeks to indicate whether you would be willing to participate.
* You will be requested to sign this Informed Consent Statement before the commencement of the study.

**Will you benefit from taking part in this research?**

* The direct benefits for you as a participant will probably be … (*e.g. skill development*)
* The indirect benefit will probably be … *(e.g. contributing to knowledge generation).*

**Are there risks involved in your taking part in this research and how will these be managed?**

*The possible risks in this study, and how these will be managed, are summarised in the table below:*

|  |  |
| --- | --- |
| **Possible risk** | **Mitigation strategy** |
| COVID 19 risk during face-to-face interviews. | Strict adherence to COVID-19 guidelines that include wearing of face masks throughout, social distancing and regular hand sanitising |
| Emotional distress of the participants. | E.g. counsellor; psychologist, psychiatrist |
| Tiredness and discomfort. | Comfort breaks of … minutes |
| Lack of privacy and comfort during interviews due to … |  |
| *Please add/edit based on your study. Be very specific.* |  |

* However, we do believe that the benefits to you and to science (as noted in the previous section) outweigh the risks we have listed. If you disagree, then please feel free not to participate in this study. We will respect your decision.
* Should we learn, in the course of the research, that someone is harming you, or that you are intending to harm someone, then we must tell someone who can help you/warn the person you are intending to harm.

**Who will have access to the data?**

* The *handling, storage, security* and *analysis of data* is critical in ethical considerations. I will ensure data in both hard-(printed) and soft copy (electronic) are safely locked away and password-protected, respectively. Only approved people in my research team (*if applicable*) will/may have access to my raw data where the need arises. At the analysis stage, as will be the case throughout, the use of coding will reinforce participants' non-identification, hence upholding the assurance of confidentiality and anonymity.
* *Anonymity* will be ensured by choosing your own fictitious names/I will assign a fictitious name to you before the interview starts. Only this name will be used in the research process.
* *Confidentiality* will include the use of pseudonyms/codes (*apply to your study*) for participants, organisations and locations. It involves not disclosing any information gained from an interviewee deliberately or accidentally in ways that might identify an individual.
* *Privacy* will be ensured by not probing unnecessarily if you do not wish to discuss particular matters.
* I will/will not use a *transcriber* for the purpose of the transcripts after the interview. This person will be required to sign a NWU Confidentiality Agreement and will not be permitted to share any information relating to the study with anyone else / I will be responsible for transcribing the data – no other person will have access to the data.
* I will/will not use a *translator/interpreter* for the purpose of the interviews/explaining the informed consent, etc. This person will be required to sign a NWU Confidentiality Agreement and will not be permitted to share any information relating to the study with anyone else.
* The data will be *stored safely in electronic form* for a period of five years after which it will be destroyed.

**What will happen to the data?**

The data from this study will be reported in the following ways: .... In all of this reporting, you will not be personally identified. This means that the reporting will not include your name or details that will help others to know that you participated (e.g., your address or the name of your school).

This is a once-off study, so the data will not be re-used / Data may be re-used in the form of ...

**Will you be paid/compensated to take part in this study and are there any costs involved?**

No/yes, you will/will not be paid/compensated to take part in the study, but pre-packaged refreshments will be provided before/during/after the study. If participating in the research means that you have to travel especially for the purpose of participating, then your travel costs will be paid. There will thus be no costs involved.

**How will you know about the findings?**

* The general findings of the research will be shared with you by …
* If you would like feedback on your personal results, then ...

**Is there anything else that you should know or do?**

* You can contact ... (researcher) at … (cell phone number) and … (email address)if you have any further queries or encounter any problems.
* You can contact the chair of the Human Social Sciences Research Ethics Committee (Prof Jacques Rothmann) at 018 299 1595 or 21081719@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
* You will receive a copy of this information and consent form for your own records.

**Declaration by participant**

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

I declare that:

* I have read and understood this information and consent form and it is written in a language with which I am fluent and comfortable.
* I have had a chance to ask questions to both the person obtaining consent, as well as the researcher (if this is a different person), 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 understand that what I contribute (what I report/say/write/draw/produce visually) could be reproduced publically and/or quoted, but without reference to my personal identity.
* I consent to an audio and/or audio-visual recording of the … (study).
* I am aware of the fact that I may request that the researcher does not continue with said recording if I request it.
* I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

Signed at (*place*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (*date*) \_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant Signature of witness**

* You may contact me again [ ]  **Yes [ ]  No**
* I would like a summary of the findings of this research  **[ ]  Yes [ ]  No**
* I would like feedback on my functioning/wellbeing as reflected

in the questionnaires I completed **[ ]  Yes [ ]  No**

The best way to reach me is:

Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case the above details change, please contact the following person who knows me well and who does not live with me and who will help you to contact me:

Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/ Cell Phone Number /Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Declaration by person obtaining consent (if not the researcher)**

I *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

* I explained the information in this document to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I encouraged him/her to ask questions and took adequate time to answer them.
* I am satisfied that he/she adequately understands all aspects of the research, as discussed above
* I did/did not use an interpreter.

Signed at (*place*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person obtaining consent Signature of witness**

**Declaration by researcher**

I *(name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

* I explained the information in this document to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I encouraged him/her to ask questions and took adequate time to answer them.
* I am satisfied that he/she adequately understands all aspects of the research, as discussed above
* I did/did not use an interpreter.

Signed at (*place*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of researcher Signature of witness**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by researcher and participant**

**Personal face-to-face interviews during Covid-19 restrictions**

**Additional declaration by participant in those instances where the participant requests to participate in a personal face-to-face semi-structured interview:**

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge the following information related to the required measures regarding Covid-19:

I declare that:

* It is my personal choice and preference to participate in a personal face-to-face semi-structured interview with the researcher.
* This requires that I consent to the following strict measures to safeguard the personal health and safety of myself and that of the researcher/interviewer/primary investigator:
* I consent to the researcher taking my temperature before the interview using a thermometer. [ ]  **Yes [ ]  No**
* I confirm that my temperature measured at \_\_\_\_\_\_\_ degrees. [ ]  **Yes [ ]  No**
* I consent to use the three-ply mask provided by the researcher. **[ ]  Yes [ ]  No**
* I consent to wear the three-ply mask for the full duration of the interview.

[ ]  **Yes [ ]  No**

* I consent to the researcher sanitising the interview context using a sanitiser with an 80% alcohol content before the commencement of the interview. [ ]  **Yes [ ]  No**
* I consent to the researcher using a sanitiser with an 80% alcohol content before and during the interview if required. **[ ]  Yes [ ]  No**

Signed at (*place*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_

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

**Signature of participant Signature of researcher**