

Building F13, Room 116

Human and Social Sciences Research Ethics Committee (HSSREC)

21081719@nwu.ac.za

**DATE: ……………………….**

|  |
| --- |
| HSSREC Authorization |

**PARENTAL PERMISSION LETTER**

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

You are requested to familiarise yourself with this document to consider whether you would be willing to consent to your child taking part in a research project that forms part of ... 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 child’s participation is **entirely voluntary,** and you, as parent, and your child are free to decline to participate. If you and/or your child say no, this will not affect either of you negatively in any way whatsoever. Your child is also free to withdraw from the study at any point, even if you and they do agree to take part. Prior to the publication of the study's results (or the point that publication is in the process), you may also withdraw the data you generate.

This study has been approved by the **Human Social Sciences Research Ethics Committee (HSSREC …) of the Faculty of Humanities of the North-West University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki 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 researching ethically.

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

* This … study will be done to investigate …
* To collect this information, I will conduct / use methods …
* The researcher has been trained to use the … methods which will be used in the study*.*
* With your consent, as parents or legal guardians and the assent (permission) of your child, I will conduct the research … and record it to ensure that all the information is as detailed as possible.
* Approximately … participants will be included in this study, including …
* The objective of this research is …

**Why has your child been invited to participate?**

* Your child has been invited to participate because they …
* The researcher has no relative power over you or your child, and therefore you and they will be free to give information freely and without any bias or fear of being victimised.
* They will be asked to …
* They will probably enjoy the interactions and experience of sharing stories ...
* I do not foresee any stress or discomfort for the participants.
* I will ensure that no-one is not pressured to answer questions that they are not comfortable with.

**I will also ensure that**:

* Since your child is under the age of eighteen, you as *parents or legal guardian* will first provide permission (*consent*) before we proceed with the interview.
* After you have provided permission, they will have the chance to **freely decide** whether they want to participate or not. If yes, they provide *assent* by signing the document before we start with the interview. If not, they will not be required to participate at all – even if you provided permission.
* They clearly understand that they may decide to discontinue whenever they wish during the interview process.
* All necessary information you need about this research is available to you at any time and will be presented in the simplest way possible for you to clearly understand.
* I will allow you and your child to ask me any questions, and you are assured of honest and understandable answers.
* The consent to participate is voluntary, and there has not been any coercion from anyone to participate

*You will be excluded if: you and your child do not agree with any of the above inclusion criteria items.*

**What will your responsibilities be?**

* You will be requested / invited to …
* You will be requested to sign this parental permission letter before I approach your child for their assent/consideration to assent to participate.

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

The study may provide your child with information about the benefits of …

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

|  |  |
| --- | --- |
| **Potential risk** | **Mitigation strategies** |
| 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. counselor; psychologist, psychiatrist |
| Tiredness and discomfort | Comfort breaks of … minutes |
| Lack of privacy and comfort during interviews due to the presence of peers in school |  |
| *Please add based on your study* |  |

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 only other people involved in coding and transcribing, apart from the researcher, are members of the research team (i.e. my supervisor) and will sign confidentiality clauses as part of the ethics requirement.

**What will happen 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 (…) 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 giving your child the opportunity to choose their own fictitious names/I will assign these 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.
* The data will be *stored safely in electronic form* for a period of five years after which it will be destroyed.

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

The participants will receive no rewards/will receive … for their participation. However, the participants may receive pre-packaged refreshments during the interview. Covid-19 protocols will be observed during this time.

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

* You will be fully informed of the purpose of the study and your role in the study
* You will be informed of the results of the study will be made available to you after the study has been completed via email in the form of a summary/dissertation/thesis.
* Once the data has been analysed, the results will be made available to participants for member checking (i.e. making sure that all the information you shared during your interviews was captured correctly by me). The parents should read through this – *if you recommend changes, I will make these changes.*

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

* You can contact … 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 (HSSREC) (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 a consent form for your records.

**Declaration by the parent**

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to allow my child 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 by allowing my child to take part in this study is **voluntary,** and neither I nor my child have not been pressurised to take part.
* I understand that what I and my child contribute (what we report/say/write/draw/produce visually) could be reproduced publically and/or quoted, but without reference to our personal identities.
* My child may choose to freely leave the study at any time and will not be penalised or prejudiced in any way.
* My child may be asked to leave the study before it has finished if the researcher feels it is in their best interests.
* If my child does not assent to participating in the study, I will respect their decision to do so. They may only participate if both I (as parent/legal guardian) and my child agree to participate.

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

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

**Signature of parent Signature of witness**

* You may contact us again [ ]  **Yes [ ]  No**
* I would like a summary of the findings of this research  **[ ]  Yes [ ]  No**
* I would like feedback on my child’s 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 the researcher**

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

* I explained the information in this document to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* 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 the 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 80% alcohol content before the interview commencement. [ ]  **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 the researcher**