

**RESEARCH STUDY INFORMATION LEAFLET AND PARENTAL CONSENT FORM**

**DATE**

*Date of research project*

**TITLE OF THE RESEARCH PROJECT**

*Insert the title of research project. Simplify if necessary*

**RESEARCHERS NAME(S) AND CONTACT NUMBER:**

*Name of student/researcher Student number Contact number*

*Name of student/researcher* *Student number* *Contact number*

*Name of student/researcher* *Student number* *Contact number*

**FACULTY AND DEPARTMENT:**

*Name of Faculty*

*Name of Department*

**STUDYLEADER(S) NAME AND CONTACT NUMBER:**

*Name of Study Leader (CUT staff member)*

*Contact number*

**EXTERNAL STUDYLEADER(S) NAME AND CONTACT NUMBER:**

*Name of Study Leader (External)*

*Contact number*

*Institution*

**WHAT IS THIS RESEARCH PROJECT ALL ABOUT?**

*Explain in simple child friendly language. Adapt the information according to age of the age range of child participants that the research targets.*

**WHY HAS YOUR CHILD BEEN INVITED TO TAKE PART IN THIS RESEARCH PROJECT?**

*Answer this question in simple language.*

**WHO IS DOING THE RESEARCH?**

*Identify yourself and explain who you work for and/or why you are doing the project.*

**HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received approval from the Research Ethics Committee of CUT. A copy of the approval letter can be obtained from the researcher.

**Approval number:** *Insert approval number*

**WHAT WILL HAPPEN TO YOUR CHILD IN THIS STUDY?**

*Describe what the participant will be expected to do. Describe all procedures using simple terms and explain any technical or medical term.*

**CAN ANYTHING BAD HAPPEN TO YOUR CHILD?**

*Use simple terms to explain any possible risks to the child. State if something might be painful or scary to the child. Explain to the child that they must tell his/her parents if they are sick or in pain during the course of the study.*

**CAN ANYTHING GOOD HAPPEN TO YOUR CHILD?**

*Only describe known benefits to the subject. You may describe any possible future benefits for other children with similar condition or in similar position. State if there are no known benefits.*

**WILL ANYONE KNOW YOUR CHILD IS PART OF THE STUDY?**

*Explain in simple terms that the subject’s participation in the study will be kept confidential, but information about him/her will be given to the study sponsor. (NOTE: This information may not be applicable in consent forms for very young children).*

**WHO CAN YOU TALK TO ABOUT THE STUDY?**

*List those individuals the subject can contact (including their contact details) if he/she has any questions or has any problems related to the study.*

**WHAT IF YOU DO NOT WANT YOUR CHILD TO DO THIS?**

*Explain to the participant that he/she can refuse to take part even if their parents have agreed to their participation. Explain that they can stop being in the study at any time without getting in trouble.*

**PLEASE RETURN**

**Name of child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you understand this research study and are you willing

to let your child take part in it? Yes ☐ No ☐

* Has the researcher answered all your questions? Yes ☐ No ☐
* Do you understand that you can withdraw from the study at any time? Yes ☐ No ☐
* I give the researcher permission to make use of the data gathered from

my child’s participation Yes ☐ No ☐

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

 ***Signature of Parent Date***

I, the undersigned Parent, further confirm that–

1. the Researcher has explained the nature, procedure, potential benefits and anticipated inconvenience of my participation in the Study;
2. I have read (or had explained to me) and understood the Study as explained in the attached information sheet;
3. I have had sufficient opportunity to ask questions and am prepared to participate in the Study;
4. I understand that my participation in the Study is entirely voluntary and that I am free to withdraw at any time without penalty (if applicable);
5. I voluntarily provide the CUT and the Researcher with my personal information and consent to the CUT and the Researcher collecting, disclosing and processing my personal information in order to conduct the Study and any related activities in relation thereto;
6. I hereby acknowledge and confirm that I understand the purpose for which the CUT and the Researcher may collect, store, use, delete, destroy, outsource, transfer or otherwise process, as the context and circumstances may require and as contemplated in terms of POPIA, my personal information as set out herein;
7. I am aware that the findings of the Study will be anonymously processed into a research report, journal publications and/or conference proceedings and that my personal information will be aggregated and deidentified at such stage;
8. I also give the CUT permission to share, without notification, the collected data with other researchers at the CUT or other Higher Education Institutions. This permission is dependent on the same principles of ethical research practices, anonymity/confidentiality, safekeeping of information, and other issues listed above applying.

I, the Parent, agree to the recording of the insert specific data collection method.

Full Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name(s) of Researcher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_