

**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 …………………………, Central University Technology (CUT) 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. CUT has granted ethical clearance to this research project ***(Ethics Approval Number and attach with application)*** and I have seen/may request to see the clearance certificate by contacting the CUT Research Ethics office at (**REIC@cut.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***)
5. 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.
6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed. (***Should there be compensation, provide details and rephrase the entry***)
7. 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***)
8. 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, ***unless I indicate to the contrary/recognize that as a public figure my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.***
9. 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.
10. 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 Research Ethics Integrity Committee (**REIC@cut.ac.za**).
11. 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.***
12. 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 CUT ethics email address.)***
13. 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.
14. I ***agree/disagree*** (delete inapplicable) to the Researcher’s request to take photographs, or videoing me as part of this research project, recognizing that agreement here is likely to raise the risk of compromising my anonymity and that steps will be taken to ensure this will not happen if my consent is given. Furthermore, I have the right to request a copy of the photographs, or videoing of me as a participant in this research project.
15. I ***agree/disagree*** (**delete inapplicable**) 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.

…………………………………. ………………………… ………………………….

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

…………………………………. ………………………… ………………………….

**Witness signature** **Witness Initials and Surname**  **Date**