FACULTY OF THEOLOGY AND RELIGION

PARENTAL OR LEGAL GUARDIAN INFORMATION & INFORMED CONSENT

|  |
| --- |
| **Consent and assent:**For children younger than 7 years, the parents/ legal guardians should give consent on behalf of the child. You do not need anything from the child. For children between 7 and 18 years, two things are needed:* parents/ legal guardians give *consent* for the child to participate in the study
* the child gives *assent*.

The assent information consent form should be in simple language. Both the parental/legal guardian information consent document and the assent form have to be included with your application for ethical clearance.Remove this instruction box from the final form. |

**STUDY TITLE**: **………………………………………………………………………………………**

**………………………………………………………………………………………………………….**

**Investigator: …………………………………………………………………………….**

**Supervisor: …………………………………………………………………………………………..**

**Institution: ……………………………………………………………………………………………**

**TELEPHONE NUMBER(S):**

**Daytime number/s…………………………………………………………………….**

**Afterhours number: …………………………………………………………………..**

**DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  **:** |
| **date** | **month** | **year** |  | **Time** |

**TO: Parent or Legal Guardian**

**Dear [title and name] …………………………………………………………………...**

**1) INTRODUCTION**

I would like to invite your child to participate in my research study. For that, I first need your consent. In order for you to decide whether the child may take part, you should fully understand what is involved. If you have any questions that this document does not fully explain, please ask.

**2) THE NATURE AND PURPOSE OF THE STUDY**

The aim of this study is to **……………………………** **[describe briefly and clearly]**

**3) PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS**

I will ask you some questions about the child / will ask the child to do …………… and will observe the child’s actions / ………... **[give clear detail in simple understandable language]**

**4)** **POSSIBLE RISKS AND DISCOMFORT**

There are only minimal risks involved in participating in the study, namely ................. **[describe]**

**5) POSSIBLE BENEFITS OF THIS STUDY**

Although the child will not benefit directly from the study, the results of the study will contribute to …………..………… **[describe]** in future.

**6) THE RIGHTS OF THE CHILD AS PARTICIPANT**

Participation in the study is entirely voluntary at all times. The child can refuse to participate or stop at any time without giving a reason.

**7) ETHICS APPROVAL**

Ethical clearance for this study was given in writing by the Ethics Committee, Faculty of Theology and Religion, University of Pretoria, Theology Building, Hatfield Campus. Telephone numbers .................................. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with research involving humans. A copy of the Declaration may be obtained from the investigator should you wish to review it.

**8) INFORMATION AND CONTACT PERSON**

The contact person for the study is ............................... **[your name]**.If you or your child have any questions about the study please contact them at the following telephone numbers .............................................**[your phone number(s)]**.Alternatively you can contact the supervisor at telephone numbers ……………....................**[supervisor phone number(s)]**.

##### 9) COMPENSATION

The child will not be paid to take part in the study.

**10) CONFIDENTIALITY**

All information about your child will be kept strictly confidential. Once the information has been analysed, no one will be able to identify the child. Research reports and articles in scientific journals will not include any information that could identify the child.

**11) CONSENT TO PARTICIPATE IN THIS STUDY**

* I confirm that I was informed about the nature, process, risks and benefits of the study, received the information in writing, and understand it.
* I had the opportunity to ask questions and have no objections for my child to participate in this study.
* I am aware that the information obtained in the study, including personal details, will be kept anonymous in the reporting of the results.
* I understand that the child is free to discontinue participation in the study at any time without penalty.
* The child is participating willingly.
* I have received a signed copy of this informed consent agreement.

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Parent/Legal Guardian’s name (Please print) Date

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Parent/Legal Guardian’s signature Date

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

Researcher’s name (Please print) Date

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Researcher’s signature Date