

Parent/Guardian consent for participation of a minor in a Research Study

A research project of the University of Pretoria

Project Title: Career and Learning Development Intervention: Skills transference for Learners by Students

Parent/Guardian form

Invitation to participate

We would like to invite your child to participate in a research study. In order to decide whether or not to participate in the research study you should know enough about the study and its risks and benefits to be able to make an informed decision. Once you understand what the study is about you can decide if you want your child to take part in the study. If so, you will be asked to sign this consent form, giving your child permission to be in the study.

Description of the research

The purpose of this project is to help identify your child's strengths and resources to help support them in their learning at school and in planning a career. The study will also try to help the child deal with daily challenges in their life and identify their own strengths as well as the resources that exist in their environment that could help benefit them in their learning and career planning and development. The study also aims to teach the child new skills that will help them in their learning at school and for planning a career in the future. The name we use for this is Career and learning development intervention: Skills transference for learners.

If you want your child to be part of our study he/she will spend some time with us answering some questions. This will be done at 2 different times when we come to the school this year – once some time soon then again for a second visit later on in the year. The questions will be about the child and his/her learning is here at school. There are no right or wrong answers, only what the child feels is best. The child may also be asked to join some other children in a group, just like at school, except this time it would be playing games and talking.

Risks and Inconveniences

We do not see any risks for your child participating in this study. If any problems do arise we will speak to the child and make sure he/she understands what is going on and feels comfortable to continue in the study. The identity of the child will no be revealed to anyone and any information that we get from the study will be kept private.

Confidentiality

All of the information that we get from the study will be kept strictly confidential and will only be available to the research team. No information will be shared with anyone else. The only exception is if there us a serious problem about the safety of the child or any other person in which case we are required to inform the appropriate agency. If such a concern arises we will make every effort to discuss the matter with you before taking any action. Please note that none of the questions in this study are designed to collect information that will require us to contact anyone. All the information we get from the study will be stored in locked files in research offices at the University of Pretoria.

Because confidentiality is important we would expect that any information you provide is also private and that you would not discuss this information with anyone.

Benefits

We hope this study will benefit your child and his/her learning at school and also contribute towards the development of his/her career one day but we cannot guarantee this. There are no financial benefits to this study.

What are the rights of the participants in this study?

Participation in this study is purely voluntary and both the parents/guardians as well as the child may refuse to take part in the study or stop at any time without giving any reason. If the child decides not to participate or wants to stop taking part in the study after they said yes, this will not affect you or the child in any way.

Has this study received ethical approval?

This study has been approved by the Health Sciences Ethics Committee of the University of Pretoria.

Questions

Please feel free to ask about anything you don't understand and take as long as you feel necessary before you make a decision about whether or not you want to give permission for your child to take part in the study. If you have questions later that you don't think of now you can phone xxxxxxxxxx at 012 420 xxxxx or you can ask us next time we come to visit the school.

Informed consent

I hereby confirm that I have been informed about the nature, conduct, risks and benefits of this study. I have also read or have had someone read to me the above information regarding this study and that I understand the information that has been given to me. I am aware that the results and information about this study will be processed anonymously. I may, at any stage, without prejudice, withdraw my consent for the child to participate in this study. I have had sufficient opportunity to ask questions and (of my own free will) declare that the child may participate in this study.

Name: _____ (Please print)

Signature: _____ Date _____

I, herewith confirm that the above person has been informed fully about the nature, conduct and risks of the above study.

Investigator's name _____ (Please print)

Investigator's signature _____ Date: _____

If you have any further questions about this study, you can phone the investigator, xxxxxxx at 012 420 xxxx. If you have a question about your rights as a participant you can contact the University of Pretoria Health Sciences Ethics Committee at 012 339 8612