**PARTICIPANT INFORMATION SHEET**

**TITLE OF THE STUDY**

**Insert title**

Hello my name is **insert name**, I am currently **a PhD / Master’s** student in the Department of Psychology, Faculty of Humanities at University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

**WHAT IS THE PURPOSE OF THE STUDY?**

**[*Briefly******give the background of the study and describe the purpose of conducting that particular study – delete this sentence when you are done*]**

The purpose of this study is **XXXXX** as little is known about/very few studies have been done on **XXXXX**. I have decided to conduct a study on **XXXXX**. The overall aim of this study is **XXXXX**.

**WHY HAVE YOU BEEN INVITED TO PARTICIPATE?**

**[*Recruitment, state the Inclusion and Exclusion criteria***]

* You will be invited to participate because you are **XXXXX** (motivate why)
* You have also complied with the following (inclusion criteria) **XXXXX**
* You will be excluded if **XXXXX** (exclusion criteria)

**WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?**

***[Give a detailed procedure, preferably in chronological order. Clearly state what will be the participant’s involvement. State the amount of time required of participants per session, and the total duration of that particular activity. Explain all the procedures using a language that is appropriate for the level of participants – delete this paragraph when you are done]***

* You will be expected to participate in **XXXXX**.
* This activity/interview will take approximately **XXXXX** hours/minutes.

**CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?**

**[*Explain to the participants’ that they have the right to withdraw from the study at any time – delete this sentence when you are done*]**

* Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. There will be no negative consequences or penalties if you decide to withdraw from the study.

**WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?**

**[*State measures taken to ensure confidentiality – delete this sentence when you are done*]**

***For example*:**

* Anonymity will **XXXXX**.
* Confidentiality will be ensured by assigning code names/numbers to each participant, and that will be used in all research notes and documents.
* Reporting of findings will be anonymous, only the researchers of this study will have access to the information.

**WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?**

***[List the benefits you anticipate will be achieved from this study. This includes the benefits to the participants, community, society or body of knowledge. If there are no direct benefits just state that, “There will be no direct benefit to you for participation in this study, However, I hope that information obtained from this study may…” – delete this paragraph when you are done]***

* Direct benefits for you as a participant will be **XXXXX**.
* The indirect benefits will be **XXXXX**.

**WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?**

***[List all the foreseeable risks, if any, of each of the activities mentioned in the procedure of the study. Clearly state any measures that will be used to minimize the risks] It is important to emphasise that the benefits outweigh the risks – delete this paragraph when you are done].***

* The risks in this study are **XXXXX**.
* Measures to minimize these risks are **XXXXX**.

**WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?**

* Should you have the need for further discussions after the interviews or surveys an opportunity will be arranged for you.

**HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?**

* Electronic information from the participants will be password protected and stored for period of 10 years.
* Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

**WHAT WILL THE RESEARCH DATA BE USED FOR?**

**[*Indicate exactly how the research data you would have gathered from participants will be used for. This should be based on your particular research study – delete this sentence when you are done*.]**

* Data gathered from the participant would be used for research purpose that included;
* Dissertation, article publication, national and international conference presentations
* For administration purpose or policy briefs
* For further research inform of secondary data analysis.

**WILL I BE PAID TO TAKE PART IN THIS STUDY?**

***[Indicate whether participant will receive any compensation or any remuneration by taking part in the study. If compensation is pro-rated over the period of the participant’s involvement clearly state the stages at which compensation changes during the study – delete this paragraph when you are done]***

* NO/YES, you will/will not be paid to take part in this study but refreshments/lunch will be provided.
* Travel expenses will be paid for the participants who have to travel to the site. This means there will be no costs involved to you if you take part in this study.

**HAS THE STUDY RECEIVED ETHICS APPROVAL?**

**[*It is important to mention if the study has received ethical approval or not yet – delete this paragraph when you are done*]**

* This study has received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria. Ethical approval number is **XXXXX**.
* A copy of the approval letter can be provided to you on request.

**HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?**

**[*Explain when and how the findings will be shared with the participants – delete this paragraph when you are done*]**

* The findings of the research study will be shared with you by **XXXXX** (**provide full names**) after one year or two years of completing the study (**can provide the approximate month and year**).

**WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?**

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the supervisor, the contact details are below

Thank you for taking time to read this information sheet and in advance for participating in this study.

**Researcher**

Name Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**

Name Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_