**INFORMED CONSENT DECLARATION**

**INFORMATION SHEET** *(Researcher/Project Leader)*

**Title of Study:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Researcher/Project Leader**

**Name:** ……………………………………………………………………………………………………………………………………………………...

**Department: ……………………………………………………………………………………………………………………………………...**

**Address: ……………………………………………………………………………………………………………………………………………….**

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

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

**Phone: ………………………………………………………………………………………………………………………………………………….**

**Email: ………………………………………………………………………………………………………………………………………………...**

**Purpose of Study** *(Explain purpose of study using lay terms)*

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Study Procedure** (*Explain all procedures using layman’s terms)*

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Risk-Benefit Ratio***(benefits hoped for from this study and the risks involved for the participant)***:**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Confidentiality: ……………………………………………………………………………………………………………………………………**

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

**Compensation** *(if irrelevant to your study, ignore)*: ……………………………………………………………...

………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………….

**Reporting and Complaints**

If you have questions at any time about this study, or if you have concerns/questions you may contact the researcher/project leader whose contact information is provided on the first page. 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/project leader, please contact the UZREC contact details are as follows: 035 902 6355

**CONSENT SECTION**

*(Edit as Required)*

I *(name of participant)* ………………………………………………………………………………………. have been informed about the study by *(provide name of researcher/project leader/fieldworker)* ………………………………………

………………………………………................

I understand the purpose, procedures, and risk-benefit ratio of the study.

I have been given opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures

I understand that I will be given a copy of this informed consent.

I understand that if I have any questions or complaints about my rights as a study participant, of if I may have concerns about any aspect of the study or the researcher/s then I may contact UZREC.

**Participant signature**: …………………………………………………………………………

**Witness signature**: ……………………………………………………………………………...

**Translator signature**: …………………………………………………………………………...

**Date**: …………………………………………………………………………………………………….