PARENT/LEGAL GUARDIAN CONSENT FOR CHILD TO PARTICIPATE IN RESEARCH

**Form #: ICF 03**

**TITLE OF THE RESEARCH STUDY:** [*INSERT]*

**PROJECT ID:** [*INSERT]*

**PRINCIPAL INVESTIGATOR/RESEARCHER:** [*INSERT]*

1. **INTRODUCTION**

*[I/We]* would like to invite your child to take part in a research study. Please take some time to read the information below, which will explain the details of this research study.

1. **WHO IS CONDUCTING THIS STUDY?**

This research study is conducted by [*insert your name and the names of other researchers involved in the study*].

The researcher(s) (is/are) from the [*insert your SU department*] at Stellenbosch University.

1. **VOLUNTARY PARTICIPATION**

Your child’s participation is **completely voluntary**, and your child is free to decline to participate. In other words, your child may choose to take part or may choose not to take part.

Your child is free to withdraw from study at any point, even if your child agrees to take part initially. [*Please amend this statement if participants are required to withdraw before a specific point in the study; is there a reasonable point in the study where you will not be able to withdraw a participant’s data/information? Please also provide a statement on how the child’s data will be managed after withdrawal?]*

Please feel free to contact *[me/us]* about any part of this study that you do not fully understand. It is essential that you are completely satisfied with your understanding of what this research is about and how you can be involved.

1. **WHY DO WE INVITE YOUR CHILD TO PARTICIPATE?**

[*Explain clearly why you would like the child to take part in this study? What qualifies them to be a participant?]*

1. **PURPOSE OF THE STUDY**

[*Give a short summary of what the study is about in plain, non-technical language. Remember this consent form is intended for the parent to request their permission to approach their child to take part in a research study– please do not copy-and-paste from your research proposal*].

1. **WHAT WILL BE ASKED OF MY CHILD?**

If you consent to your child taking part in this study, [I/we] will then approach the child to ask whether they would like to take part in the study, or not.

If the child agrees to take part in the study, he/she will be asked to [***describe in plain, non-technical language all the activities the child will be involved in for this study or what they will be asked to do****. Scientific terms and procedures should be defined and explained in plain language. If known, mention the length of time estimated for each activity, the frequency of activities, the location where activities will be done, etc.* Include *details of where the study will be conducted. E.g. school etc.]*

1. **POSSIBLE RISKS AND DISCOMFORTS**

[***Mention any foreseeable risks, discomforts, inconveniences, and discuss how you will address or manage these risks to protect the child-participant (e.g. referral for counselling or therapy, school protocol to be followed etc.)***].

1. **POSSIBLE BENEFITS TO THE CHILD OR TO THE SOCIETY**

*[State the direct benefits to child-participants that could be expected from their participation in the study. If the participants will not benefit directly, clearly state this fact. Also, mention (realistically) the potential benefits, if any, to society expected from this study.]*

1. **PAYMENT FOR PARTICIPATION**

*[State whether the child and/or parent will receive payment for participation or whether they will be compensated for any expenses paid to take part in the study (e.g. compensation for transport costs, entry into lucky draws, etc.). If not, state so clearly. If participants will receive payment, state the amount, state when payment can be expected, and describe the proration schedule should the participant decide to withdraw.]*

1. **PROTECTION OF YOUR AND YOUR CHILD’S INFORMATION, CONFIDENTIALITY AND IDENTITY *(Refer to the sections after paragraph 15 where applicable)***

In accordance with the Protection of Personal Information Act (POPIA), you have the right to be informed and agree to the collection and use of your and your child’s personal information. This includes the right to access the information you have provided and to request corrections if any of it is inaccurate or incomplete.

Any information you or your child shares with [*me/us*] during this study that could possibly identify you or your child will be protected. This will be done by [*describe the measures you will take to ensure confidentiality and/or anonymity, where and how data will be stored, who will have access to it, etc.*].

[*If the information will be released to or shared with any other person/institution/agency for any reason, please mention this here and identify the person/agency to whom the information will be furnished, the nature of the information, and the purpose of this disclosure. State whether the participant has the option to opt-out of their information being shared. State whether the information collected for this study will be used for future publications and/or used for other purposes in the future*].

[*If activities are audio-recorded, photographed or video-recorded, please state this and whether the participants will have the opportunity to review/edit the tapes, who will have access to these recordings, if they will be used for purposes other than this research study, and when they will be erased.*]

[If you plan on publishing the results of the study describe how confidentiality and/or anonymity will be maintained in the publication.]

1. **PARTICIPATION AND WITHDRAWAL**

You and your child can choose whether to be part of this study or not. If you consent to your child taking part in the study, please note that your child may choose to withdraw or decline participation at any time without any consequence. Your child may also refuse to answer any questions they don’t want to answer and still remain in the study. The researcher may withdraw your child from this study if [*describe the anticipated circumstances under which participation may be terminated without regard to the child’s assent or parent's consent.*]

1. **RESEARCHERS’ CONTACT INFORMATION**

If you have any questions or concerns about this study, please feel free to contact *[Researcher’s name and surname]* at *[researcher contact information],* and/or the supervisor *[Supervisor’s name and surname]* at *[Supervisor’s contact information].*

*[Please use your SU email address and contact information for contact purposes. Please do not use other personal contact details for your protection and to ensure adequate boundaries between personal and professional activities.*]

1. **RIGHTS OF RESEARCH PARTICIPANTS**

*[The information below must be included in your consent form. This is a regulatory requirement which states that the institutional REC contact details must be provided to participants if they want to raise concerns or questions.*]

If you have any questions, concerns, or complaints regarding your rights as a research participant, or if you wish to exercise your rights under the Protection of Personal Information Act (POPIA), please contact the Research Ethics Committee (REC) office at applyethics@sun.ac.za or 021 808 9183.

1. **RESEARCH ETHICS APPROVAL**

The Research Ethics Committee: Social, Behavioural and Education Research at Stellenbosch University has approved this study [**Project ID #:** *insert your project ID number*]*.* [*I/We*] commit to conduct the study according to the ethical guidelines and principles outlined in the South African Department of Health’s Ethics in Health Research Guidelines: Principles, Processes and Studies (NDoH 2024) and *[insert any other guidelines/code of conduct which applies to your field of research].*

1. **OFFER TO ANSWER QUESTIONS**

**Before signing this form, please ask any questions about any part of this study that is unclear to you. You may take as much time as necessary to consider it.**

**SECTIONS TO INCLUDE IN YOUR CONSENT FORM WHERE APPLICABLE**

*Please delete this section if it does not apply to your study.*

**PERMISSION TO HAVE ALL ANONYMOUS DATA SHARED WITH JOURNALS:**

*Please carefully read the statements below (or have them read to you) and think about your choice. No matter what you decide, it will not affect whether your child can be in the research study.*

When this study is finished, we would like to publish the results of the study in journals. Most journals require us to share your child’s anonymous data with them before they publish the results. Therefore, we seek your permission to share your child’s anonymous data with these journals. In accordance with the POPI Act, the researchers will take care to ensure that your child is not identifiable (personal information is not linked to the data shared).

**PERMISSION FOR SHARING SAMPLES AND/OR INFORMATION WITH OTHER INVESTIGATORS:**

*Please carefully read the statements below (or have them read to you) and think about your choice. No matter what you decide, it will not affect you or your child in any way.*

In order to do the research as we have discussed, we must collect and store information (data) from your child. In accordance with the Protection of Personal Information Act (POPIA), data may be shared with other qualified investigators for future research purposes under strict controls.

The data will be stored securely at ***[INSERT SPECIFIC STORAGE LOCATION IN SOUTH AFRICA]*** and will be managed by ***[INSERT RESPONSIBLE DEPARTMENT/INSTITUTION]***. Access to this data will be limited to ***[INSERT WHO WILL HAVE ACCESS, e.g., "the primary research team and authorized collaborators who have signed confidentiality agreements"]****.*

If cross-border sharing of data is required, we will comply with Section 72 of POPIA for cross-border transfer of child data. This means that data will only be transferred to countries with adequate protection levels or under binding agreements that enforce the same level of protection required by South African law.

To protect your child's privacy, we will replace his/her name with a unique study number. We will only use this code for your child's data and information about you. We will implement appropriate technical and organisational measures to ensure the security of the data as required by the Research Ethics Committee (REC).

It is important to note that while we take all reasonable precautions to protect your child's identity, there remains a minimal risk that someone could identify your child from the data. However, this is very unlikely to happen given the strict security measures and de-identification procedures in place.

Before sharing any data, we will ensure:

1. All data is properly de-identified (*Personal identifiers (like names, addresses, ID numbers) are removed or replaced with codes)*
2. Appropriate data transfer agreements are in place
3. Recipients have appropriate data security measures
4. The use of the data complies with the original purpose of collection
5. All relevant regulatory approvals have been obtained

Therefore, we would like to ask for your permission to share your child's anonymised information (data) with other investigators under these controlled conditions.

**PERMISSION TO STORE INFORMATION/ DATA** *(including audiotapes, photographs and videotapes)* **for future studies:**

Please carefully read the statements below (or have them read to you) and think about your choice. No matter what you decide, it will not affect you or your child in any way.

In order to support future research, we request your permission to store information (data) collected from your child during this study. This may include, for example, audio recordings, photographs, videos, and other research-related data.

In accordance with the **Protection of Personal Information Act (POPIA)**, this data may be used in future ethically approved studies under strict controls.

The data will be securely stored at ***[INSERT SPECIFIC STORAGE LOCATION IN SOUTH AFRICA]*** and managed by ***[INSERT RESPONSIBLE DEPARTMENT/INSTITUTION]****.* Access will be limited to ***[INSERT WHO WILL HAVE ACCESS, e.g., "the primary research team and authorized collaborators who have signed confidentiality agreements"]****.*

If cross-border sharing of data is required in the future, we will comply with **Section 72 of POPIA** **for cross-border transfer of child data**. This means that data will only be transferred to countries with adequate data protection laws or under binding agreements that ensure equivalent protection.

To protect your child’s privacy:

* Your child’s name will be replaced with a unique study number.
* All data will be de-identified before any future use.
* Technical and organisational safeguards will be implemented as required by the **Research Ethics Committee (REC)**.

Although we take all reasonable precautions to protect your child’s identity, there remains a minimal risk that someone could identify your child from the data. However, this is highly unlikely due to the strict security and de-identification measures in place.

Before any future use of the data, we will ensure:

1. The data is properly de-identified
2. Appropriate data transfer and reuse agreements are in place
3. Recipients have adequate data security measures
4. The use of the data aligns with the original purpose of collection
5. All necessary regulatory and ethical approvals are obtained

Therefore, we ask for your permission to store your child’s de-identified data for future ethically approved research.

***For each statement, please choose YES or NO by inserting your initials in the relevant box)***

|  |  |  |
| --- | --- | --- |
| **Statement** | **YES** | **NO** |
| 1. I agree to having my child’s photograph **taken** for research purposes
 |  |  |
| 1. I agree to my child being **audio recorded** for research purposes
 |  |  |
| 1. I agree to having my child **video recorded** for research purposes
 |  |  |
| 1. I agree that my child’s photograph/audio recording/video recording may be **stored for future studies** in a field related to …[describe the field of your study].
 |  |  |
| 1. I agree that my child’s photograph/audio recording/video recording be shared with other researchers **in South Africa or outside** **South Africa** *(in other countries) (please adapt accordingly)*
 |  |  |
| 1. I agree to have my child’s anonymous data shared with journals during publication of results of this study.
 |  |  |
| 1. My child’s information may be shared with other investigators **in South Africa or outside** **South Africa** *(in other countries) (please adapt accordingly)* who are able to conduct further analysis in … [describe the field of your study].
 |  |  |
| 1. I agree that my child’s information (data) may be stored for future research in a field related to … [describe the field of your study]
 |  |  |

### DECLARATION OF CONSENT BY THE PARENT/ LEGAL GUARDIAN OF THE CHILD- PARTICIPANT

YOU ARE MAKING A DECISION ON WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THIS STUDY. YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED ABOVE, HAVE HAD ALL YOUR QUESTIONS ANSWERED, AND HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE.

As the guardian/ parent of the child, I declare that:

* I have read the above information, and it is written in a language that I am comfortable with.
* I have had a chance to ask questions, and all my questions have been answered.
* All issues related to my child’s privacy, and confidentiality and use of the information have been explained.
* I agree/confirm that, as parent/guardian, I consider my child mature enough to understand what it means to participate in the research and to give assent.
* I understand that at any time my child may withdraw from this study, or I may withdraw him/her without giving a reason and without penalty
* I understand that my child is free to decide whether or not he/she wants to take part in the study

As the parent/legal guardian of the child I confirm that:

By signing below, I *(name of parent/legal guardian)* …………………………………...……. agree to allow my child (name of child) ………………………………….… who is ………. years old, to take part in a research study entitled *(insert title of study)*.

Name (Parent/Guardian ) (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Thumb print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_

Relationship to Participant

***If the participant gave verbal consent/Thumb print, enter the name of person who witnessed the consent here, and signature:***

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_

***YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP FOR YOUR RECORDS***

|  |
| --- |
| **DECLARATION BY THE PRINCIPAL INVESTIGATOR** |

I *(name)* ……………………………………………..……… declare that:

* I explained the information in this document to …………………………………..*(insert name of parent/ guardian)*
* I encouraged him/her to ask questions and took adequate time to answer them.
* I am satisfied that he/she adequately understand all aspects of the research, as discussed above
* I did/did not use a interpreter (i*f a interpreter is used, then the interpreter must sign the declaration below).*

Signed at (*place*) ......................…........………… on (*date*) …………....………..

**Signature of investigator**

|  |
| --- |
| **DECLARATION BY THE INTERPRETER** |

**Declaration by interpreter *(Only complete if applicable – please delete if not applicable to your study)***

I *(name)* ……………………………………………..……… declare that:

* I assisted the investigator (*name*) ………….…………………………. to explain the information in this document to (*name of parent/legal guardian*) ……...………………………... using the language medium of Afrikaans/Xhosa etc.
* We encouraged him/her to ask questions and took adequate time to answer them.
* I conveyed a factually correct version of what was related to me.
* I am satisfied that the parent/legal guardian fully understands the content of this informed consent document and has had all his/her questions satisfactorily answered.

**Signed at (*place*)** ......................…........…… **on (*date*)** …………....……………….

**Signature of interpreter Signature of witness**