

**DIRECTORATE RESEARCH & INNOVATION  
JOINT CUHAS-BMC RESEARCH & ETHICS BOARD**

**SAMPLE OF INFORMED CONSENT FORM FOR RESEARCH PARTICIPANTS UNDER THE AGE OF 18**

*Adapt the following form to fit the circumstances of your own study. However, follow these main steps of the information sheet and divide the information sheet into sub-sections based on the information hereafter.*

**Information Sheet**



**Title of the study:** .....



**Purpose of the Study:** As part of the requirements for [degree] at CUHAS, I [Name] have to carry out a research study. The study is concerned with [keep it brief and simple – 1-2 sentences. There is no need to go into the theoretical complexities of the topic.]



**Reason for your participation:** You have been asked because [Because they will help to provide data for your study].



**Study procedure and duration:** The study will involve... [Indicate the procedure and time commitment, giving the simplest possible explanation and avoiding jargon and unnecessary detail.]



**Voluntary participation:** [The answer is no! – participation is voluntary. Explain about signing a consent form. People selected should be told that they have the option of withdrawing or discontinuing at any time before and during data collection.]



**Confidentiality:** but remember, there's no such thing as absolute confidentiality – Usually the relevant term is anonymity rather than confidentiality. E.g. Yes. I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be entirely anonymous.



**Data handling and storage:** [Kept confidential from third parties (including workers' superiors, if relevant); will it be destroyed after a period?]



**Data dissemination:** [For example:] The results will be presented in my thesis. The study may be published in a scientific journal.



**Risks and benefits of participation** [If you think there are none, say so, but not in a black-and-white way. If they may feel distressed, mention the possibility and refer to the next section]. Also, describe compensation modalities if any.

✓ **Contact in case of problem:** At the end of the interview [/procedure],if you subsequently feel distressed, you should contact...[e.g. *the investigator, give contact details - or the Director of Research and Innovation*].

✓ **Review of the protocol:** [CUHAS-BMC Joint Ethics Committee, P.O Box 1464, Mwanza

✓ **Who can answer your questions about this study?** If you need any further information, you can contact me: [Name, mobile number, email address of the PI].

✓ **For questions on your rights** when participating in the study, you may contact the Chairperson of the Joint BMC/CUHAS Ethics Committee (255 28 298 3384).

If you agree to take part in the study, please sign the consent form hereafter.

### Consent form for participants below 18 years of age

I..... [name of parent/guardian] agree for my child/ward.....  
[name of child/ward] to participate in..... [name of the PI]'s research study.

I have read the information sheet and understood the purpose and nature of the study.

I am participating voluntarily.

I understand that my child/ward can withdraw from the study, without repercussions, at any time, whether before it starts or while participating.

I understand that anonymity will be ensured in the write-up by disguising my/my child identity.

I understand that the data collected can be used for scientific publication.

Name:.....

Signature: .....

Date.....

*(For children who are in age to understand the procedure, usually above the age of 7)*

The child/ward has assented: YES  NO  (Tick the appropriate selection)

Witnessed by.....

Signature.....

### Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands what will be carried out.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the researcher/person taking consent:.....

Signature:..... Date:.....