INFORMED CONSENT FORM

*PROJECT TITLE: ---------------------------------*

Name (s) of students: --------We are students enrolled in ----(NAME of COURSE) at the University of Botswana

Phone number(s):

**What you should know about this research study/project:**

* We give you this consent form document so that you may read about the purpose, risks and benefits of this research study/project as well as your rights.

1. You have the right to refuse or agree to take part or agree to take part and change your mind later.
2. Please read this consent form carefully. Ask any questions before you make a decision.
3. Your participation is voluntary.

**PURPOSE**

You/Your child are/is being asked to participate in a …… (Activity e.g. community assessment project/ study ). The purpose of the study is to……………………………….**.** You/Your child were/was selected as a possible participant in this project/assignment because………. Before you sign this form, please ask any questions on any aspect of this study/ project that is unclear to you. You may take as much time as necessary to think it over before you make a decision to participate.

**PROCEDURES AND DURATION**

If you decide to participate, you will be invited to…….. (Explain what you require the participant to do)

**RISKS (list any if none indicate)**

**BENEFITS AND/OR COMPENSATION (explain direct/indirect benefits)**

**CONFIDENTIALITY**

The information gathered from this investigation will be kept confidential and none of it will be used for any other purpose other than for ---------------------------------------------------------. The information will be kept in a locked up cupboard or password protected computer and only students and our instructor (or whoever is involved in the project) will have access to the data. Your names will be removed from the final report.

**VOLUNTARY PARTICIPATION**

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the University of Botswana, its personnel, and associated institutions**.** If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty

**AUTHORIZATION**

You are making a decision whether or not to participate in this study/project. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

Name of parent/guardian/participant (please print) Date

Relationship to the Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Obtaining Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

If you have any questions concerning this study/project or consent form beyond those answered by the student, including questions about the study, your rights as a participant; or if you feel that you have been treated unfairly and would like to talk to someone other than the student, please feel free to contact:

1. The Head of Department…………………………………..

Telephone------------------------------------------------------

The Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2910, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.