

FACULTY OF EDUCATION

ETHICS COMMITTEE

CONSENT FORM

Name of researcher: _____

Address: _____

Phone No.: _____

Statement of purpose of the study: _____

Methods of data collection: _____

Use made of the information: _____

Guarantees:

I will abide by the following conditions:

- (i) Your real name will not be used in the study.
- (ii) Only the supervisor and examiners will have access to the data.
- (iii) You will remain free to quit the study at any point and for whatever reason. In the case that you withdraw, all the records and information collected will be destroyed.
- (iv) Deception in the data collection process will not be used.
- (v) Conclusions from the research will be communicated to you either verbally or in writing.

I agree to the conditions.

Name of participant: _____

Signature: _____

Date: _____

I agree to the conditions.

Researcher: _____

Date: _____