

INFORMED CONSENT GUIDE

Identify yourself

My name is, a final year (Accounting) student from I am carrying out a study on..... I am kindly asking you to participate in this study by answering/filling in.....

What you should know about the study:

Purpose of the study:

The purpose of the study is(state what the study is designed to achieve). You were selected for the study because(state why the participant was chosen and how many other participants are involved).

Procedures and duration

If you decide to participate you will..... It is expected that this will take about(give expected duration of the interview/discussion/activity/etc.

Risks and discomforts

Describe any reasonable foreseeable risks, discomforts or inconveniences to the subject/participant (including legal, health, economic or psychological and outline how these will be addressed.)

Benefits and/or compensation

Describe any benefits to the subject or to others which may reasonably be expected from the research. If there are no benefits/compensation please state this clearly. If benefits are to the general population, state this..but don't make unsustainable promises.

Confidentiality

Should include that any information that is obtained in the study that can be identified with the participant will not be disclosed without their permission. Names and any other identification will not be asked for in the questionnaires.

Voluntary participation

Participation in this study is voluntary. If participant decides not to participate in this study, their decision will not affect their future relationship with(participant's organisation or other authority) If they chose to participate, they are free to withdraw their consent and to discontinue participation without penalty.

Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

Authorisation

If you have decided to participate in this study please sign this form in the space provide below as an indication that you have read and understood the information provided above and have agreed to participate.

Name of Research Participant (please print)

Date

Signature of Research Participant or legally authorised representative

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

Name of Researcher -----