



Official Use only Protocol number

Ethics Committee for Humanities (ECH)

GUARDIAN /PARENTAL PROTOCOL CONSENT FORM
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Section A- BACKGROUND INFORMATION

Title of Study:	
Principal Investigator:	
Certified Protocol Number	

Section B- CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

- State clearly the purpose of the study in easily-understood words (avoid the use of jargons and technical language).
- Indicate the expected duration that will be required of participants in the study.
- Give a description of the procedures/methods to be followed and the identification of any procedures which are experimental and what the participant(s) is supposed to do.

Benefits/Risks of the study

- Indicate specifically the benefits and risks associated with the study. Include all physical, social and psychological risks and benefits anticipated.
- Indicate any hazards and what safety steps to be taken to minimize the risks

Confidentiality

- Describe the extent to which confidentiality of records identifying the participants will be maintained.
- Indicate all groups that may have direct access to the research records at any particular time; thus by signing or thumbprinting a written consent form, the participant or their representative is authorizing such access.

Compensation

- State clearly if there are any compensation packages either in cash or kind available for participants who participate in the study.
- The exact amount or gift to be given must be clearly spelt out.
- The conditions for receiving the package and when it will be made should also be indicated (where compensation is to be given, it should be given at the end of the study)

Withdrawal from Study

- State that participation is voluntary and participants may withdraw at any time without penalty.
- More specifically, state that the participant will not be adversely affected if he/she declines to participate or later stops participating.
- Provide assurance that the participant or the participant's legal representative will be informed in a timely manner if information becomes available that may be relevant to the participant's willingness to continue participation or withdraw.
- Any circumstances and/or reasons under which the participant's participation may be terminated should be stated clearly.

Contact for Additional Information

- This statement should indicate whom to contact for answers to any questions about the research and whom to contact in case of research-related injury.
- Name, and addresses of Institutional affiliation, e-mail and telephone numbers (including mobile numbers) should be made accessible to all participants.
- If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Participants

Signature or mark of participants

Date

If participants cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness /Mark

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date