INFORMED CONSENT FORM

PROJECT TITLE*:* **DOCUMENTATION OF STORIES**

Principal Investigator Smile Another, [*Ph.D.*]

Phone number(s): 3552999 / 71869999

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

1. We give you this informed consent document so that you may read about the purpose, risks, and benefits of this research study.
2. You have the right to refuse to take part, or agree to take part now and change your mind later.
3. Please review this consent form carefully. Ask any questions before you make a decision.
4. Your participation is voluntary.

**PURPOSE**

You are being asked to participate in a research study of ………….. The purpose of the study is to contribute to the …………**.** You were selected as a possible participant in this study because………. 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.

**PROCEDURES AND DURATION**

If you decide to participate, you will be invited to

**RISKS AND DISCOMFORTS**

**BENEFITS AND/OR COMPENSATION**

**CONFIDENTIALITY**

The data from this investigation will be …………None of these will be used for commercial use.

**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. Any refusal to observe and meet appointments agreed upon with the central investigator will be considered as implicit withdrawal and therefore will terminate the subject’s participation in the investigation without his/her prior request. In this event the subject will be paid what if owed to him/her or forfeit a proportionate amount of relative payment mentioned earlier in this document. In the event of incapacity to fulfill the duties agreed upon the subject’s participation to this investigation will be terminate without his/her consent and no compensation will be offered under these circumstances.

**AUTHORIZATION**

You are making a decision whether or not to participate in this study. 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 Research Participant (please print) Date

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Signature of Staff Obtaining Consent Date

(Optional)

 **YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.**

If you have any questions concerning this study or consent form beyond those answered by the investigator, 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 a member of the research team, please feel free to contact the Office of Research and Development, University of Botswana, Phone: Ms Dimpho Njadingwe on 355-2900, E-mail: research@mopipi.ub.bw, Telefax: [0267] 395-7573.