College of Business, Arts and Social Sciences



#### CONSENT FORM

**Social cash transfers and young people in rural Lesotho and Malawi**

|  |  |  |  |
| --- | --- | --- | --- |
| **The participant should complete the whole of this sheet** | | ***Please tick the appropriate box*** | |
|  | | YES | NO |
| Have you understood the information on the Research Participant Information Sheet? | |  |  |
| Have you had an opportunity to ask questions and discuss this study? | |  |  |
| Are you satisfied with answers you have received? (if applicable) | |  |  |
| Do you understand that neither you nor your child will be referred to by name in any report concerning the study? | |  |  |
| Do you understand that your child is free to withdraw from the study: | | | |
| * at any time? | |  |  |
| * without having to give a reason for withdrawing? | |  |  |
| * without any negative repercussions? | |  |  |
| Do you agree to your child’s interview being recorded? | |  |  |
| Do you agree to us quoting your child’s words when the study is written up or published? | |  |  |
| Do you agree to us taking a few photographs and using them to illustrate talks, reports and on the internet? (we would do so in a way that doesn’t link them to any personal information about your child or your family) | |  |  |
| Do you agree to your child taking part in this study? | |  |  |
| Name in capitals: | Household number: | | |
| Date: | | | |

|  |  |
| --- | --- |
| Researcher name: | Signature of researcher: |