

**APPENDIX E-iii: PARENTIAL INFORMED CONSENT FORM SAMPLE**

You are invited to participate in a research study conducted by (Principal Investigator). The purpose of this research is (explain using language which can be easily understood by the subject). Your child’s participation will involve (describe the procedures to be followed). The amount of time required for your child’s participation will be (provide an estimate of the expected duration of the child’s participation in the study).

There are no known risks associated with this research. OR There are certain risks or discomforts associated with this research. They include (describe any reasonably foreseeable risks or discomforts to the child. You may also describe the measures you will take to minimize these risks and discomforts.)

There are no known benefits to the child that would result from the child’s participation in this research. OR (Describe any benefits to the child and to others that may reasonably be expected from the research.) This research may help us to understand (brief statement, if appropriate).

(Describe the extent to which confidentiality of records identifying the child will be maintained. If appropriate, precede the description with: We will do everything we can to protect your child’s privacy. If appropriate, follow the description with: Your child’s identity will not be revealed in any publication resulting from this study.)

Participation in this research study is voluntary. You may refuse to allow your child to participate or withdraw your child from the study at any time. Your child will not be penalized in any way should you decide not to allow your child to participate or to withdraw your child from this study.

If you have any questions or concerns about this study or if any problems arise, please contact (insert Principal Investigator’s name here). If you have any questions or concerns about your child’s rights as a research participant, please contact AIU’s Institutional Review Board.

**Consent**

**I have read this parental permission form and have been given the opportunity to ask questions. I give my permission for my child to participate in this study.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Principal Researcher

\_\_\_\_\_  
Date

Participant Number to be used on all documents: \_\_\_\_\_

# APPENDIX E- iv: IERB INFORMED ASSENT FORM SAMPLE

FOR PARTICIPANTS AGED 17 YEARS OLD, OR YOUNGER

I am (*Full Name*), a student at Africa International University, where I am pursuing a Doctor of Psychology degree. As part of my degree requirements I am completing a research study and I would like to include you in the study. My research chair at AIU (*insert name and title*) may be contacted by email at (*email address*) or phone (*insert office or cell phone*) if you have any questions at any time.

Your assent or agreement is required to participate so that I can confirm that you have been informed of the study and that you agree to participate. You are free to decline or discontinue your participation at any time during the study if you wish to do so. All information obtained in this study will be kept confidential; a number will be assigned to any research forms to ensure your privacy is protected. Your name or identify will not be given in any report or publication.

The purpose of the research is to gain further understanding of the current experiences of victims of the 2007/2008 post-election violence. You will be asked to complete three forms answering questions about your current emotional experiences. This is not an exam or a test, there is no deception in these questions, and there are no right or wrong answers, simply answer the questions as honestly as you can. The three questionnaire forms should take between 30 minutes but no longer than about 45 minutes to complete in one sitting. A demographic form including your age and other basic information will also be requested.

The outcome of the information obtained during this research will be summarized and utilized in my dissertation study. Participant names will not be utilized, as shown below a number will now be assigned to ensure your identity is kept confidential during and after this study is completed.

My Assent to Participate:  
By signing below, I agree to participate in this study.

_____	_____	_____
Signature of Child	My Age	Date

_____	_____
Parent or Guardian Signature	Date

_____	_____
Principal Investigator	Date

Participant Number now to be used on all research documents: \_\_\_\_\_