

APPENDIX E- iv: ISERC INFORMED ASSENT FORM SAMPLE

FOR PARTICIPANTS AGED 17 YEARS OLD AND BELOW

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: _____