**UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)**

**APPLICATION FOR ETHICS APPROVAL**

**For research with human participants**

## Information Sheet and Consent to Participate in Research

**Title: The Ophthalmology Post graduate training programme in South Africa: A registrar’s perspective**

Date:17 April 2018

Dear Ophthalmology Post graduate student.

My name is Dr Nonhlanhla Majola an Ophthalmologist based in Durban.

You are being invited to consider participating in a study that involves research into the Ophthalmology training program in South Africa. The aim and purpose of this research is to assess your experiences and perceptions of the training you are receiving. The study is expected to include all students currently enrolled as a registrar in Ophthalmology including Supernumerary candidates in South Africa. It will involve completing an online survey. The duration of your participation if you choose to enroll and remain in the study is expected to last the duration of the survey which will take 10 to 15 minutes to complete. The study is funded by Ophthalmology Society of South Africa (OSSA)

The study will provide no direct benefit to the participants. We hope to use the data to identify problems to help improve the training program in the future.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSS/0398/018M).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

# Research Office, Westville Campus

# Govan Mbeki Building

Private Bag X 54001
Durban
4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participation in this research is voluntary and participants may withdraw at any point. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit to which they are normally entitled.

There are no costs that might be incurred by participants as a result of participation in the study. There are no incentives or reimbursements for participation in the study

The identity of the participants will not be known and no personal information will be asked of the participants. Participants’ responses to the survey will be kept safe in a password protected cloud and will not be viewed by anyone other than the investigators and will not be shared.

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**CONSENT (Edit as required)**

I (Name) have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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**Signature of Participant Date**

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**Signature of Witness Date**

**(Where applicable)**

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**Signature of Translator Date**

**(Where applicable)**