

Informed consent form

Dear Participant,

My name is Ms Varsha Sookraj. I am a Masters candidate studying at the University of Pretoria. The title of my research project is: An investigation into initiatives to improve the Return on investment (ROI) of e-Book subscriptions: a case study of the University of KwaZulu-Natal Library. I am interested in your opinion regarding e-Books and I am therefore asking you to share your experiences and observations on the subject matter with me.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSS/2017/018M) as well as the University of Pretoria: Research Committee of the Department of Information Science.

Please take a few minutes to assist me by completing the attached questionnaire. It should not take more than 25 minutes of your time.

In the event of any problems or concerns/questions you may contact the researcher at (Tel: 0312601460, email: sookraj@ukzn.ac.za) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

UKZN Humanities & Social Sciences Research Ethics Committee:
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

Title of study: An investigation into initiatives to improve the Return on investment (ROI) of e-Book subscriptions: a case study of the University of KwaZulu-Natal Library.

I (*full names of participant*) hereby voluntarily grant my permission for participation in the project as explained to me by Ms Varsha Sookraj.

The nature, objective, possible safety and health implications have been explained to me and I understand them.

I understand my right to choose whether to participate in the project and that the information furnished will be handled confidentially. I am aware that the results of the investigation may be used for the purposes of publication.

Upon signature of this form, you will be provided with a copy.

If you have any queries or concerns regarding participation in this study, please feel free to contact my supervisor or me at the numbers provided below.

Contact details:

Researcher: Tel: 031-2601460 Email : sookraj@ukzn.ac.za

Supervisor: Dr van Deventer Tel: Email : mvandeve2017@gmail.com

Participant signature: _____ Date: _____

Researcher: _____ Date: _____