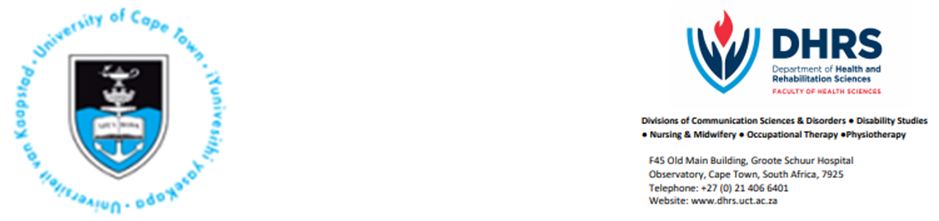
**INFORMED CONSENT**



My signature below indicates that I have read the information letter provided and have decided to participate in the project titled: An exploration of the teaching of family-centred practice in early childhood intervention by Occupational Therapy educators at higher education institutions in South Africa.

I agree to the conditions listed below:

1. My consent is optional and voluntary. My decision whether to participate or not, will not prejudice my present or future relations with the University of Cape Town nor with participating in future studies.

2. I declare that I am eligible to participate in this study according to the inclusion criteria outlined in the information letter.

3. I accept that my participation in this study is confidential, that I do not have to disclose to anyone of my participation nor do I have to share information relating to this study with anyone not involved in the research. I understand that all information given will be kept confidential.

4. I understand that there will be no financial benefits to me for participating in this study.

5. If I participate in this research, I can receive or gain access to the information, interview transcripts and copies of the project by contacting the researchers conducting the study or their supervisor.

6. I understand that I may withdraw my participation from the research study at any time and that I may choose not to answer any questions that I do not want to answer. If I decide to participate, I am free to discontinue participation at any time without prejudice. If I so wish, my information can be removed from the research write up.

7. I understand that I may contact the Human Research Ethics Committee ([hrec-enquiries@uct.ac.za](mailto:hrec-enquiries@uct.ac.za)), The Human Research Ethics Committee, Floor E53, Room 46, Old Main Building, Groote Schuur Hospital, Observatory, 7925, or may contact the researchers’ supervisor Dr Pam Gretschel : [pam.gretschel@uct.ac.za](mailto:pam.gretschel@uct.ac.za) if I have complaints and questions about my rights and welfare as a research participant at any point during this study.

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to participate in this research study.

Thank you for your time,

UCT Occupational Therapy, Fourth Year Students.

 I (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to participate in this research study and provide the relevant information as far as I can.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_