



**Project Title: The influence of empowering leadership, employee empowerment and institutional climate on organisational commitment within the Higher Education sector in South Africa**

**Researcher:** Miss Zaakirah Green

**Please tick the boxes to show your agreement and understanding of what is expected for this study.**

1. I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I wish to withdraw, I may contact the lead researcher at any time to do so.
3. I understand my responses and personal data will be kept strictly confidential.
4. I give permission for members of the research team to have access to my responses without revealing any part of my identity.
5. I understand that my name will not be linked with the research materials, and that I will not be identified or identifiable in the reports or publications that result from the research.
6. I hereby agree that my anonymized responses collected through the questionnaire can be used for this research.
7. I agree for the **anonymized** data collected to be used in future research

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**In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:**

- I hereby give consent for my personal information to be collected, stored, processed and shared as described in the information sheet.
- I do not give consent for my personal information to be collected, stored, processed and shared as described in the information sheet.

***Electronic/online/clickable signatures to be used as needed.***

\_\_\_\_\_  
Name of Participant  
(or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(If different from lead researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

***All participants will receive an information sheet which explains and outlines this project. The information sheet is for you to keep. You will find all contact information and relevant information on the information sheet. A copy of this consent form will be filed and kept in a secure location for research purposes only.***