



CONSENT

Full Title of the Study: Framework for managing library staff in Public Higher Education in KwaZulu-Natal.

Names of Researcher/s: Ms Bongwiwe Zondi

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Ms Bongwiwe Zondi**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 202/25
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant

Date

Time

Signature

I, Ms **Bongwiwe Zondi** herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature

Full Name of Witness (If applicable)

Date

Signature