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Informed consent form: Child participation in War Child evaluation

1. Purpose of the study and what participation implies

War Child Holland is doing research to evaluate the effectiveness of its education programme, Can't Wait to Learn. Thirty schools in the Isingiro district have been selected for the evaluation, including the school that your child attends. Half of the schools were chosen at random to do Can't Wait to Learn and the other half are continuing with normal education. This allows us to compare the performance of the two groups of schools.

Your child has been selected at random to participate in the evaluation. We are requesting your permission to allow your child to do a numeracy and reading assessment and a survey of his/her wellbeing. We will do these assessments twice: now and at the end of the school year. We expect the data collection with your child to take about one hour. We may also ask your child to participate in a group discussion in the future.

2. Voluntary participation

It is your decision whether your child participates in the study, and you can decide to withdraw him or her from the study at any time. Neither of these decisions will have any negative impact on the services that you, or your child, receive. Your child will also be given the choice of whether to participate or not. If in the future you decide to withdraw your child from the study, you can ask us to delete his/her information.

3. Use of data

We will use the results to compare the effectiveness of our programme integrated into normal education with normal education alone. When we hold a meeting to share our findings confidentially, we will invite you and your child to attend.

We will keep the results for a maximum of 10 years. After 2 years, we will remove all information that identifies your child. The data may be made available to others for research purposes. We may write reports or present the results at conferences so that other interested people may learn from this activity, and . We will never share anything that identifies you or tell anybody that you participated in this research.

4. Risks

We do not expect the research activities to have any negative effects on your child. Your child can ask to stop the research activities at any time and does not have to give us a reason. He/she can also speak with someone from the War Child Holland team if they would like to. If your child or our staff become seriously concerned about your child's mental wellbeing, we will refer you to available services in your area.

5. Compensation

You will not receive money or any material goods for taking part in this activity. We expect that this research could help improve children's education and learning experience and help the Can't Wait to Learn programme to reach more children in Uganda and other countries, so it might benefit children and communities in the future.

6. Confidentiality and storing

We will use a code instead of your child's name to refer to him/her in our results. That means that any information that you share with us is private. Only members of the core team will have access to your name and details. We will keep the information securely in a locked cabinet and on our password-protected computer system. We will not take pictures of you or your child during research activities. Information and opinions that your child may share in group discussions and interviews will not be disclosed to third parties and will only be used for research purposes.

We may share your answers with other teams that are doing research on Can't Wait to Learn or related programmes. We will only use a code, not your name. We will only give those other research teams your answers and won't give them any information that could identify you.



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information:

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Indicate the preferred form of consent here

Signed consent
 Witnessed consent
 Thumb print consent

Statement of Consent

I understand the statements in the form. I had time to ask questions, and I received acceptable answers to all my questions. I agree to participate in the research study. No one has forced me to sign this form.

Participant's name Date

Signature/ X / Drawing / Stamp

In case of **witnessed consent**, it must be witnessed by a trusted or known person.

Statement of witness:

I, the witness, agree that the research study outlined above has been explained to the participant. He/she has indicated that he/she understands it and agrees to take part in the study. The participant received an information sheet that explains their rights and how to withdraw.

Witness relation to participant Date

Name of Witness Signature of witness

Statement of the staff member taking consent:

I have carefully read the information sheet to the potential participant. I believe that the participant understands the purpose and process of the research activities. The participant had an opportunity to ask questions about the activities. I answered all their questions correctly and to the best of my ability. The individual has given consent freely and voluntarily.

Research assistant ID Date

Research assistant name Research assistant signature