

Appendix 3 – Participant Written Consent Form

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DEPARTMENT OF OCCUPATIONAL THERAPY CONSENT FORM

Title of Research Project: 4th year Occupational Therapy students' experience of supervision during community practice fieldwork.

The study has been described to me by means of the Information Sheet, in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I furthermore understand that the researcher will access my academic results for the purposes of this research and that all information will be handled confidentially.

Participant's name.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name:

Nicola Vermeulen

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