



### TEACHER'S CONSENT FORM - INTERVIEW

Please fill and return the reply slip below and indicate your willingness to be interviewed for my research project: *The Development of Teacher Leadership. A case study in an urban secondary school.*

#### PERMISSION TO BE INTERVIEWED

I, \_\_\_\_\_

Give/Do not give (please delete as appropriate) my consent to be interviewed.

- ☐ I know that I don't have to answer all the questions and that I may withdraw from the study at any time and will not be advantaged or disadvantaged in any way.
- ☐ I am aware that the researcher will keep all the information confidential in all academic writing.
- ☐ I am aware that my transcript will be destroyed within 3-5 years after completion of the project and will be kept safe until then.

Teacher's Signature: \_\_\_\_\_

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

Contact person: Diviah Govender

Contact details: 0795038778

: diviahgovender@gmail.com