



TEACHER'S CONSENT FORM - QUESTIONNAIRE

Please fill and return the reply slip below indicating your willingness to willingness to fill in a questionnaire for my voluntary research project titled: *The Development of Teacher Leadership. A case study in an urban secondary school.*

PERMISSION FOR THE USE OF A QUESTIONNAIRE

I, _____

Give/Do not give (please delete as appropriate) my consent to fill in the questionnaire.

- ☐ I know that I may withdraw from the study at any time and that I will not be advantaged or disadvantaged in any way.
- ☐ I know that I can stop the audiotaping of the interview at any time without repercussions.
- ☐ I am aware that the researcher will keep all information confidential in all academic writing
- ☐ I am aware that my questionnaire 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