



### TEACHER'S CONSENT FORM - AUDIOTAPING

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

#### PERMISSION TO BE AUDIOTAPED

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

Give/Do not give (please delete as appropriate) my consent to have the interview recorded.

- ☐ 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 know that the tapes 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