

**Appendix C**

**PARTICIPANT /FACILITATOR LEARNING CONTRACT**

I, \_\_\_\_\_, hereby agree to participate in the upcoming role play and life skills research workshops that Gift T. Marovatsanga will facilitate at The House shelter, Berea. As a participant, I agree to observe and be responsible for the below stipulated conditions in order to establish an open and trusting learning environment for myself, my fellow participants and the facilitator.

**LEARNING CONDITIONS FOR THE PARTICIPANTS.**

I agree:-

- To be present and fully participate in the drama activities i.e. games, exercises, role-play, discussions and others.
- To critically reflect on my own work and on group processes.
- To share critical thoughts and feed back with the facilitator and others.
- To treat other participant’s views and performances with respect. Here I agree not to laugh, criticize, mock or disturb others in whatever manner be it in speech or action.
- To help to enhance the learning processes by contributing actively and with an open mind.
- To help build team spirit, trust and safe and supportive environment where we can all build on each other’s strengths.
- Not to tease my fellow students based on what happened in the session.

**FACILITATION CONDITIONS FOR FACILITATOR**

I, Gift T. Marovatsanga, hereby agree:-

- To carefully and clearly explain all instructions and drama processes.
- To give the participants the opportunity to ask questions where they need clarification.
- To treat the participants’ work respectfully and patiently. To be open for critical thought and feedback. To give the opportunity for participants to participate in decision taking processes as well as taking part in the role play processes.
- Treating each individual participant’s personal stories/experiences, written work, photographs or any other documentation taken during the workshop processes with confidentiality.
- To seek consent from participants should there be need to use documentations publicly.
- To keep time.

Participant: ..... Date: .....

Social Worker: ..... Date: .....

Facilitator: ..... Date: .....