

OCCUPATIONAL THERAPIST
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APPENDIX A

PARENT CONSENT FORM

NAME OF CHILD:

BIRTH DATE OF CHILD: day/month/year

OCCUPATION OF THE BREADWINNER IN THE FAMILY:

.....

HIGHEST LEVEL OF EDUCATION OF THE BREADWINNER IN THE FAMILY:

.....

WHAT STANDARD DID THE BREADWINNER COMPLETE AT SCHOOL?

.....

I, _____ (name of parent or guardian) consent to my son / daughter / guardian to participate in this research project and I agree that the results obtained may be used for the purpose explained to me by the researcher. I also understand that my son / daughter / guardian may withdraw at any time.

Name of parent / guardian: _____

Signed: _____

Date: _____

Thank you for your co-operation.

Mrs. Zona Rens

Occupational Therapist

**ARBEIDSTERAPEUT
ZONA RENS
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APPENDIX A

OUER TOESTEMMINGSBRIEF

NAAM VAN KIND:

GEBOORTEDATUM VAN KIND: dag/maand/jaar.....

WERK VAN BROODWINNER IN DIE GESIN:

.....

HOOGSTE OPLEIDING BEHAAL DEUR BROODWINNER IN DIE GESIN:

.....

**WAT IS DIE HOOGSTE STANDERD WAT DIE BROODWINNER BEHAAL HET OP
SKOOL?**.....

Ek, _____ (naam van ouer/voog) gee hiermee toestemming dat my seun/dogter kan deelneem aan die navorsingsprojek en ek gee toestemming dat die resultate deur die navorser gebruik mag word soos aan my verduidelik is in die inligtingstuk. Ek verstaan ook dat my seun/dogter enige tyd kan onttrek as hulle nie wil deelneem aan die studie nie.

Naam van ouer / voog: _____

Handtekening: _____

Datum: _____

Baie dankie vir u samewerking.

Mev. Zona Rens
Arbeidsterapeut