BIBLIOGRAPHY


ANNEXURE 1:

PERMISSION FOR RESEARCH PROJECT

I, .................................................................................................................................

PARENT/GUARDIAN OF ............................................................................................

HEREBY GIVE PERMISSION FOR:

1. MY CHILD TO TAKE PART IN A RESEARCH PROJECT, UNDERTAKEN BY THE SCHOOL PSYCHOLOGIST AT ASTRA SCHOOL.
2. MY CHILD TO RECEIVE ANY THERAPEUTIC INTERVENTION.
3. THAT ALL INFORMATION SHARED, PERSONAL OR CONFIDENTIAL, ONLY BE HANDLED BY THE RESEARCHER.
4. TO ENSURE THAT MY CHILD’S IDENTITY STAYS ANONYMOUS.

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Signature: Parent/Guardian                                                                 Date
TOESTEMMING VIR NAVORSINGSPROJEK

EK, ……………………………………………………………………………………………………………………………

OUER/VOOG VAN ………………………………………………………………………………………………………

GEE HIERMEE TOESTEMMING VIR:

1. MY KIND OM DEEL TE WEES VAN ‘N NAVORSINGSPROJEK, WAT DEUR DIE SKOOLSIELKUNDIGE BY ASTRA SKOOL ONDERNEEM SAL WORD.
2. MY KIND TERAPEUTIESE INTERVENSIE MAG ONDERGAAN.
3. DAT ALLE INLIGTING WAT INGESAMEL WORD, PERSOONLIK OF VERTROULIK, ALLEENLIK DEUR DIE NAVORSER HANTEER SAL WORD.
4. DAT MY KIND SE IDENTITEIT TE ALLE TYE ANONIEM SAL BLY.

…………………………………………… …………………

Handtekening: Ouer/Voog

Datum