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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.**

.....

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