## ANNEX B: FORMS AND TEMPLATES

### B.1. Ethics Review Application Forms (WU-IRERC-F)

### B.1.1. WU-IRERC-F-001: Research Protocol Application Form

**Instructions:** Please complete all sections. This form is designed for all research types. Based on your answers in Section 2, you will be directed to complete specific sections. Submit this form and all supporting documents to the IRERC Secretariat.

| **SECTION 1: General Information** | |
|---|---|
| 1.1 Project Title: | |
| 1.2. Application Date: | |
| 1.3. Submission Type: | ☐ New Application ☐ Resubmission (Previous No: _____) |
| 1.4 Principal Investigator (PI): | Full Name:<br>Academic/Professional Title:<br>Department/College:<br>Staff/Student ID:<br>Phone: Email:<br>Physical Address for Correspondence: |
| 1.5 Co-Investigator(s): | Full Name:<br>Academic/Professional Title:<br>Department/College:<br>Staff/Student ID:<br>Phone: Email:<br>Physical Address for Correspondence |
| 1.6 Study Funding: | [ ] Not Funded [ ] Internally Funded (Wollo University) [ ] Externally Funded (Funder Name: _____ ) |
| 1.4 Student Research (If applicable) | Degree Program: ☐ BSc ☐ MSc ☐ PhD ☐ Other |
| 1.8. Student Name: | |
| 1.9. Supervisor Name | |
| 1.10. Supervisor Signature:<br>Date: | |

| **SECTION 2: Research Type** | |
|---|---|
| 2.1 Mark all that apply to your research: | [ ] Human Participant Research: Involves living individuals, their data, or specimens.<br>- If checked, you MUST complete Section 4.<br>[ ] Animal Research: Involves live vertebrate animals.<br>-If checked, you MUST complete Section 5.<br>[ ] Environmental / Biodiversity / Plant Research: Involves environmental impact, or collection of plant/biodiversity samples.<br>- If checked, you MUST complete Section 6. |

| **SECTION 3: Project Summary (To be completed by ALL applicants)** | |
|---|---|
| 3.1 Rationale & Background: | *Briefly explain (in plain language) what is known and what this study will add (Max 300 words).* |
| 3.2 Primary Objectives: | *List the main goals of the study.* |
| 3.3 Methodology Summary: | *Briefly describe the study design, procedures, and data analysis plan (Max 500 words).* |

| **SECTION 4: Human Participant Research Details** | |
|---|---|
| 4.1 Study Population: | *Describe the participants (e.g., age, gender, inclusion/exclusion criteria). Include number of participants.* |
| 4.2 Vulnerable Populations: | Will you recruit children, pregnant women, prisoners, persons with disabilities, or other vulnerable groups?<br>[ ] No [ ] Yes -> If Yes, describe the additional protections in place: |
| 4.3 Recruitment: | *How will you find and recruit participants? Attach all recruitment materials (posters, scripts).* |
| 4.4 Consent Process: | *Who will obtain consent? How and where? Will you use verbal or thumbprint consent?* |
| 4.5 Risk Assessment: | Describe all potential risks (physical, psychological, social, economic).<br>Risk Level: [ ] Minimal Risk [ ] More than Minimal Risk |
| 4.6 Benefit Assessment: | *Describe potential direct benefits to participants and indirect benefits to society/science.* |

| **SECTION 5: Animal Research Details (Animal Care & Use)** | |
|---|---|
| 5.1 Species & Numbers: | *List animal species, justification for species, and total numbers to be used.* |
| 5.2 Justification (The 3 Rs): | Explain how you have addressed:<br>Replacement: Why can't you use non-animal models?<br>Reduction: How did you minimize the number of animals used?<br>Refinement: What steps will be taken to minimize pain, distress, or discomfort? (e.g., anesthesia, humane endpoints) |
| 5.3 Housing & Care: | *Where will animals be housed? Who is responsible for their daily care?* |
| 5.4 Euthanasia: | *Describe the method of euthanasia and justify why it is appropriate.* |

| **SECTION 6: Environmental / Biodiversity / Plant Research Details** | |
|---|---|

| | |
|---|---|
| 6.1 Study Site(s): | *Describe the location(s) of data/sample collection. Is this a protected area?* |
| 6.2 Sample Collection: | *What plants, soil, water, or other samples will be collected? What quantity?* |
| 6.3 Environmental Impact: | *What is the potential impact of your research on the site? How will you minimize this impact?* |
| 6.4 Permits: | *List all required permits (e.g., from Environmental Protection Authority, Wildlife Conservation, local Kebele/Woreda) and their status.* |

| **SECTION 7: Community Engagement & Benefit-Sharing Plan (MANDATORY for all research involving communities or their environment)** | |
|---|---|
| 7.1 Community Entry & Engagement: | *How will you enter the community and engage local leaders (e.g., Kebele, elders, health posts)? Attach Community Assent (T-002) if applicable.* |
| 7.2 Community Participation: | *How will the community be involved in the research process (beyond being participants)?* |
| 7.3 Local Approvals: | *List all local administrative approvals obtained or planned (e.g., Woreda Health Office, Kebele admin).* |
| 7.4 Community Benefits: | *What are the direct and indirect benefits of this research **to the participant community**? (e.g., training, shared resources, health education). How does this align with Ubuntu principles of collective responsibility?* |
| 7.5 Dissemination of Results: | *How will you share your findings **with the participant community** (not just academic journals)?* |

| **SECTION 8: Data Management & Confidentiality (To be completed by ALL applicants)** | |
|---|---|
| 8.1 Data collection: | *What data will you collect? Will you collect personal identifiers (name, address, photo, etc.)?*<br>**Identifiable Information Collected**<br>☐ Names<br>☐ Photos/videos showing faces<br>☐ GPS coordinates of homes<br>☐ ID numbers (passport, birth certificate, etc.)<br>☐ Voice recordings<br>☐ Unique identifying characteristics<br>☐ Small population (could be identified by combination of demographics)<br>☐ None - fully anonymous |

| | |
|---|---|
| 8.2 Anonymization: | *How will you protect participant identity? (e.g., using codes, removing names).* **De-identification strategy:**<br><br>☐ Names replaced with codes (code key stored separately)<br>☐ Dates generalized (year only)<br>☐ Geographic details masked<br>☐ Direct identifiers removed before analysis<br>☐ Data aggregated<br>☐ Not applicable - anonymous from start |
| 8.3. Confidentiality limits | **Will participants be informed that confidentiality cannot be guaranteed in cases of:**<br>☐ Imminent harm to self/others<br>☐ Child abuse/neglect<br>☐ Legal requirement to disclose<br>☐ Other: _____ |
| 8.4 Practical data security (Offline-First): | **Describe your security plan for data before it is on a secure network:**<br>Paper Records: (e.g., "Stored in a locked file cabinet in the PI's office at Wollo University.")<br>Digital Files (on laptop/phone): (e.g., "Stored on a password-protected, encrypted computer. Files anonymized before upload.") |
| 8.5. Data storage & sharing**:** | *Where will data be stored long-term? Will it be shared with others? If yes, in what (anonymized) form?* |
| 8.6. Group settings | **For focus groups or group interviews:**<br>Confidentiality requested of all participants:<br>☐ Yes ☐ No<br>Participants informed researcher cannot guarantee others' confidentiality: ☐ Yes ☐ No |
| 8.7. Community-level data | **If reporting community-level findings:**<br>Community name used: ☐ Yes ☐ No<br>☐ With permission only<br>Could community be identified indirectly:<br>☐ Yes ☐ No<br>Community approval for identification:<br>☐ Obtained ☐ Will obtain ☐ Not applicable |
| **SECTION 9: Conflict of Interest** | |
| 9.1 Financial interests | **Do you or any research team members have financial interest in outcome?**<br>☐ Yes ☐ No<br>**If YES, describe:** ……<br>…… |

| | |
|---|---|
| 9.2 Institutional/Organizational Relationships | **Dual roles** (e.g., researcher is also healthcare provider, teacher, supervisor to participants):<br><br>Management plan**:** …… …….. |
| 9.3 Community relationships | **Pre-existing relationships with community:**<br>☐ None<br>☐ Researcher from this community<br>☐ Previous research in this community<br>☐ Institutional partnerships<br>☐ Other: _____<br>**Potential for bias or undue influence:** ……. …… |
| **SECTION 10: Dissemination and Publication** | |
| 10.1. Results sharing with participants/Community timeline: | ☐ Within 3 months of completion<br>☐ Within 6 months of completion<br>☐ Within 1 year<br>☐ Other: _____<br>**Format:**<br>☐ Community meeting presentation<br>☐ Written summary (language: _____)<br>☐ Radio broadcast<br>☐ Poster/infographic<br>☐ Video<br>☐ Other: _____ |
| 10.2 Academic dissemination | **Planned outputs:**<br>☐ Thesis/dissertation<br>☐ Journal articles (target journals: _____)<br>☐ Conference presentations<br>☐ Policy brief<br>☐ Technical report<br>☐ Other: _____<br>**Authorship:**<br>• Community members as co-authors: ☐ Yes ☐ No ☐ If appropriate<br>• Student authorship position: _____ |
| 10.3 Data availability | **Will data be made publicly available?**<br>☐ Yes, fully open<br>☐ Yes, upon request |

| | |
|---|---|
| | ☐ Yes, after embargo period (duration: _____)<br>☐ No (justify: _____) |

| **SECTION 11: Declaration** |
|---|
| *I, the Principal Investigator, certify that the information provided in this application is complete and accurate. I agree to conduct this research as described and to comply with all WU-IRERC policies, Ethiopian law, and international ethical standards. I will not begin research until I have received final written approval from the WU-IRERC.* |
| **PI Signature:** |
| **PI Name (Print):** **Date:** |

### B.1.2. WU-IRERC-F-002: Protocol Summary Form

**Executive Summary (Maximum 500 words)**
**Provide a clear, concise summary of the research including:**

- Research purpose and significance
- Methodology and participants
- Risk-benefit assessment
- Community engagement plan
- Expected outcomes and benefits

**Reviewer Quick Reference**

| Element | Description | Page Reference |
|---|---|---|
| Research Question | | |
| Study Design | | |
| Participants | | |
| Risks | | |
| Benefits | | |
| Community Engagement | | |
| Ubuntu Alignment | | |

**Recommended Review Pathway**
□ Exempt Review - Justification: _____
□ Expedited Review - Justification: _____
□ Full Board Review - Justification: _____

### B.1.3. WU-IRERC-F-003: Exemption from Ethics Review Request Form

**Instructions:** Complete this form if you believe your research qualifies for exemption as per the WU-IRERC SOPs, Chapter 5(e.g., analysis of publicly available data, standard educational practices). The IRERC Chair or designee will make the final determination.

| **SECTION 1: General Information** | |
|---|---|
| Project title: | |
| Principal Investigator (PI): | Name:<br>College & Department:<br>Email: |
| Project summary: | *Briefly describe your project's objectives and methods (Max 200 words).* |

| **SECTION 2: Justification for Exemption** | |
|---|---|
| Exemption category: | *Which exemption category (as defined in the main SOP, Chapter 5) applies to your research?* |
| Justification: | *Explain clearly why your research meets the criteria for this exemption category. Specifically, confirm that the research involves no more than minimal risk and does not involve vulnerable populations or sensitive topics.* |
| Data source: | *Describe your data source (e.g., public database, educational records).* |

| **SECTION 3: Declaration** | |
|---|---|
| *I certify that the information provided is accurate and that this research, to my knowledge, meets the criteria for exemption.* | |
| **PI Signature:** | **Date:** |

| **IRERC Use Only** | |
|---|---|
| **Determination:** | [ ] Exempt: This research is exempt from further IRERC review.<br>[ ] Not Exempt: This research requires review. Please submit form WU-IRERC-F-001 |
| **Reviewer Name:** | **Signature:** |
| **Date:** | |

### B.1.4. WU-IRERC-F-004: Protocol Amendment Request Form

**Instructions:** Submit this form for *any* change to a previously approved protocol. The IRERC will determine if the change is minor or major.

| **SECTION 1: General Information** | |
|---|---|
| Project Title: | |
| IRERC Protocol: | |
| Principal Investigator (PI): | |
| Date of Original Approval: | |

| **SECTION 2: Description of Amendment** | |
|---|---|
| 2.1 Type of Change: | [ ] Minor (e.g., adding co-investigator, minor wording change in consent)<br>[ ] Major (e.g., changing study design, adding new procedures, changing risk profile) |
| 2.2 Summary of Change: | *Clearly describe the "FROM" (original protocol) and "TO" (proposed change). Attach any revised documents (e.g., new consent form) with changes tracked.* |
| 2.3 Justification for Change: | *Why is this change necessary?* |
| 2.4 Impact Assessment: | Does this change affect the risks or benefits to participants or the community?<br>[ ] No [ ] Yes, If Yes, please explain: |
| **PI Signature** | |
| **Date** | |

### B.1.5. WU-IRERC-F-005: Continuing Review (Annual Progress) Report Form

**Instructions:** Must be submitted at least 30 days *before* your protocol's expiration date to continue research.

| **SECTION 1: General Information** | |
|---|---|
| Project Title: | |
| IRERC Protocol: | |
| Principal Investigator (PI): | |
| Reporting Period: | From: |

| **SECTION 2: Study Status** | |
|---|---|
| **Current Status:** | [ ] Research is active and enrolling<br>[ ] Enrollment is complete, follow-up is ongoing<br>[ ] Data analysis is ongoing<br>[ ] Research is complete (Submit Form WU-IRERC-F-006 instead) |
| Enrollment: | Number of participants approved:<br>Number enrolled this period:<br>Total number enrolled to date: |
| Progress Summary: | *Briefly summarize your progress in this reporting period.* |
| Adverse Events: | Have any adverse events or unanticipated problems occurred?<br>[ ] No [ ] Yes, If Yes, ensure all WU-IRERC-F-005 forms have been submitted. |
| Community Engagement: | *Provide a brief update on your community engagement and benefit-sharing activities.* |
| New Information: | *Is there any new information that might affect the risk/benefit assessment?* |
| **PI Signature:** | |
| **Date:** | |

### B.1.6. WU-IRERC-F-006: Adverse Event / Unanticipated Problem Report Form

**Instructions:** Submit this form to the IRERC immediately (within 48 hours for serious events, within 7 days for others) after becoming aware of the event.

| **SECTION 1: General Information** | |
|---|---|
| Project Title: | |
| IRERC Protocol: | |
| Principal Investigator (PI): | |
| Date of Event: | |
| Date of PI Awareness**:** | |

| **SECTION 2: Event Details** | |
|---|---|
| Type of Event: | [ ] Adverse Event (AE) [ ] Serious Adverse Event (SAE - e.g., death, hospitalization)<br>[ ] Protocol Deviation [ ] Unanticipated Problem<br>[ ] Community Complaint [ ] Other: |
| Description of Event: | *Provide a detailed narrative of what happened.* |
| Relationship to Research: | In your opinion, is this event:<br>[ ] Related: Reasonably possible it was caused by the research.<br>[ ] Unrelated: Clearly caused by other factors.<br>[ ] Unknown: |
| Corrective Actions Taken: | *What immediate actions did you take to address the event?* |
| Long-Term Plan: | *Do you need to modify the protocol or consent form as a result of this event?* |
| **PI Signature:** | |
| **Date:** | |

### B.1.7. WU-IRERC-F-007: Final Study Closure Report Form

**Instructions:** Submit this form within 30 days of completing all research activities (including data analysis).

| **SECTION 1: General Information** | |
|---|---|
| Project Title: | |
| IRERC Protocol: | |
| Principal Investigator (PI): | |
| Date of Study Completion: | |

| **SECTION 2: Final Summary** | |
|---|---|
| Enrollment: | Total number of participants enrolled: |
| Summary of Findings: | *Briefly summarize the main results or outcomes of the study.* |
| Adverse Events: | *Attach a final summary of all adverse events and unanticipated problems reported.* |
| Community Dissemination: | *Describe how the findings were (or will be) shared with the participant community.* |
| Data Storage: | *Confirm the final, secure location of all study data (anonymized) and how long it will be kept.* |
| **PI Signature:** | |
| **Date:** | |

## B. 2. TEMPLATES FOR RESEARCHERS (WU-IRERC-T)

### B.2.1. WU-IRERC-T-001: Individual Informed Consent Template (Guidance for Verbal/Thumbprint Consent)

**Instruction to researchers:** This is a template. Adapt language, structure, and content to your specific study and participant population. For low-literacy populations, simplify further, use oral consent with witness, or develop pictorial aids. Delete sections not applicable to your study.

**Study title:** [Use simple, descriptive title]
**Principal Investigator:**
Name: _____
Department: _____
Phone: _____ Email: _____
**SECTION 1: Information About the Study**
**1. Introduction and invitation**
You are being invited to participate in a research study. Before you decide whether to participate, it is important that you understand why the research is being done and what it will involve. Please take time to read (or listen to) the following information carefully. You may discuss it with family, friends, or community leaders if you wish. Please ask if there is anything that is not clear or if you would like more information.
**2. What is the purpose of this study?**
[Explain in 2-3 simple sentences why you are doing this research. Avoid jargon. Example: "We want to learn about how farmers in this area grow teff. This information will help us understand what challenges farmers face and what support they might need].

_____
_____

**3. Why have I been invited to participate?**
[Explain selection criteria simply. Example: "We are inviting all farmers in this kebele who grow teff to participate. We are talking to about 200 farmers in total."]

_____
_____

**4. Do I have to take part?**
No. Participation is completely voluntary. You may refuse to participate without giving a reason. If you decide not to participate, this will not affect [your medical care/your relationship with Wollo University/your access to services/etc.] in any way.
**5. What will happen if I take part?**
[Describe step-by-step what participants will do. Be specific about time, location, activities. Example: "If you agree to participate:

- We will meet with you at your home or a place you choose, the interview will take about 45 minutes
- We will ask you questions about your farming practices, challenges, and income
- With your permission, we may take notes or audio-record the conversation
- We may visit your farm to observe your teff fields (this will take about 30 minutes)
- We will visit only once, unless you agree to a follow-up visit

The total time will be about 1.5 hours."]

**6. What are the possible benefits of taking part?**

**For you personally:**

[Be honest. If no direct benefit, say so clearly. **Examples**:

- "There is no direct benefit to you from participating."
- "You will receive a free health screening for diabetes and high blood pressure."
- "You will receive seeds for improved teff variety at the end of the study."]

**For your community or society:**

[Explain broader benefits. Example: "The information we gather will help agricultural extension workers better understand the needs of teff farmers. This may lead to better training programs or access to inputs in the future."]

**7. What are the possible risks or disadvantages of taking part?**

[Be transparent about ALL potential risks, including minor ones:]

**Physical risks:** [Example: "We will take a small blood sample (about 2 teaspoons). You may feel brief pain and there may be slight bruising." OR "There are no physical risks."]

**Emotional risks:** [Example: "Some questions are about difficult experiences during the drought. Talking about this may bring up sad feelings." OR "There are no expected emotional risks."]

**Social risks:** [Example: "Some questions ask about your income and debts. If others learn this information, it might affect your standing in the community. We will keep your answers confidential to prevent this." OR "There are no social risks."]

**Time:** [Example: "The interview takes about 1 hour. This is time you could spend on other activities."]

**Other risks:** _____

**8. What if something goes wrong?**

[If medical research: "If you are harmed by participating in this study, standard medical care will be provided free of charge. Compensation for harm is available according to Ethiopian law."]

[If non-medical: "If you experience any problems as a result of participating, please contact [name and phone number] immediately."]

If you have any complaints about how the research is being conducted, you may contact:

- WU-IRERC Chairperson: [Name], Phone: [Number], Email: [Email]
- Wollo University Research and Technology transfer Directorate: [Contact]

**SECTION 2: Confidentiality and Data Use**

**9. Will my participation be kept confidential?**

Yes. We will take the following steps to protect your privacy:

- Your name will not appear in any reports or publications
- We will use a code number instead of your name on all research materials
- [If applicable: Audio recordings will be destroyed after transcription]
- [If applicable: Paper forms will be stored in a locked cabinet]
- [If applicable: Computer files will be password-protected]

**Who will have access to information about me?**

- The research team (names: _____)
- [If applicable: Government regulators or ethics committee for audit purposes]

- [If applicable: Funding agency representatives]

**Limits to confidentiality:**

We will keep your information confidential except in the following rare situations:

- If you tell us about immediate danger to yourself or others, we may need to inform authorities
- [If applicable: If you tell us about child abuse, we are required by law to report this]
- [If applicable: If a court orders us to share information]

**Community-level information:** [If applicable: "We may identify your community by name when reporting results. However, individual responses will not be traceable to you."]

**10. What will happen to the information I provide?**

- Information will be used for [thesis/publication/report - be specific]
- [If data sharing: "Anonymized data (with all identifying information removed) may be shared with other researchers" OR "Data will not be shared outside our research team"]
- All research materials will be kept for ___ years, after which they will be [destroyed/archived]

**SECTION 3: Compensation and Community Benefits**

**11. Will I be paid for participating?**

[Choose appropriate option:]

☐ No, you will not receive any payment.

☐ Yes, you will receive [specify amount/item] to compensate for your time and [transport/other costs].

☐ You will not be paid, but we will provide [refreshments/transport reimbursement/etc.].

**12. What will the community receive?**

[Describe community benefits clearly:]

- [Example: "At the end of the study, we will hold a community meeting to share findings"]
- [Example: "We will provide a written report in Amharic to the kebele office"]
- [Example: "The university will donate ___ to improve the health post"]
- [Example: "We will train 5 community members as research assistants, providing them with skills"]

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**SECTION 4: Participation and Withdrawal**

**13. Can I withdraw from the study?**

Yes. You can:

- Refuse to answer any question
- Stop the interview at any time
- Withdraw from the study at any time, even after you have agreed to participate
- Request that your information be removed from the study (up until [date/point in analysis])

You do not need to give a reason for withdrawing. There will be no negative consequences if you withdraw.

**To withdraw, contact:** [Name and phone number]

**14. What happens when the research study ends?**

[Explain what happens after data collection:]

- We will analyze the information collected from all participants
- Results will be shared with the community through [method and timeline]
- We will publish findings in [journals/reports - be specific]
- [If long-term follow-up: "We may contact you in ___ months/years for a follow-up study. You can decide then whether to participate."]

**SECTION 5: Additional Information**

**15. Who is organizing and funding this research?**

This research is:

- Organized by: [Department/College, Wollo University]
- Funded by: [Specify funder]
- [If applicable: Sponsored by: [Company/organization] - this means they are paying for the research]

**16. Who has reviewed this study?**

This study has been reviewed and approved by:

- Wollo University Institutional Research Ethics Review Committee (WU-IRERC)
- [Other review bodies if applicable]

**17. What if I have questions?**

If you have questions now or at any time during the study:

**About the research:**

Contact: [Principal Investigator Name]
Phone: [Number, including best times to call]
Email: [If applicable and accessible]

**About your rights as a research participant:**

Contact: WU-IRERC Secretariat
Phone: [Number]
Email: [Email]
Office: [Physical location]

**SECTION 6: Consent**

**[Adapt the following consent statement to match your data collection methods and participant population]**

**I confirm that:** (Initial each box if you agree)

☐ I have read (or had read to me) the information about this study

☐ I have had the opportunity to ask questions and my questions have been answered

☐ I understand that my participation is voluntary

☐ I understand that I can withdraw at any time without giving a reason

☐ I understand how my information will be used and kept confidential

☐ I agree to take part in this study

**Optional consents** (Initial if you agree):

☐ I agree to the interview being audio-recorded

☐ I agree to being photographed [for what purpose: _____]

☐ I agree to the use of anonymous quotations in publications

☐ I agree to be contacted for possible future research

☐ I agree that my community can be identified by name in reports

**SIGNATURES**

**Participant:** (or legal representative if participant cannot sign)

I freely agree to participate in this study. _____
Signature or Thumbprint Date_____
Printed Name_____

**If thumbprint used:**
Witness: I confirm that the information was accurately explained, the participant appeared to understand, and consent was freely given.
Witness Signature Date_____
Witness Printed Name_____
**Person Obtaining Consent:**
I confirm that I have accurately explained the study to the participant and answered all questions to the best of my ability.
Signature Date_____
Printed Name_____

**COPIES:**

- Participant copy: ☐ Given
- Researcher copy: ☐ Filed

**[For illiterate participants or oral consent: Add witness signature section and audio-recording notation]**

## B.2.2. WU-IRERC-T-002: Child Assent Form Template (Ages 12-17)

**Study Title:** [Simple, clear title]
**Researcher:** [Name
**Hello!**
We are doing a research study. A research study is a special way to learn about something. We would like to invite you to be part of this study.
**Why are we doing this study?**
[Explain purpose in age-appropriate language. Example: "We want to learn about what students like you think about school and learning."]
**Why are we asking you?**
[Example: "We are asking students in Grade 8 from three schools in Dessie to participate. We are asking about 150 students in total."]
**What will happen if you join the study?**
[Describe activities step by step. Example:
"If you say yes:

- We will ask you some questions about school, teachers, and learning. It will take about 30 minutes.
- We will ask you to fill out a short questionnaire (or we can read it to you if you prefer).
- Everything we talk about will be private. We won't tell your parents or teachers what you specifically said."]

**Are there good things that might happen?**
[Be honest. Example: "You won't get a direct benefit, but your answers will help us understand how to make schools better for students."]
**Are there bad things that might happen?**
[Be honest but reassuring. Example: "Some questions might make you think about things that are frustrating about school. If you don't want to answer a question, that's completely fine. The interview will take 30 minutes of your time."]
**Do you have to join?**
No! It is totally up to you. Your parent/guardian said it is OK for you to decide. Even if you say yes now, you can change your mind later. Nothing bad will happen if you say no. Your grades won't change, and your teachers won't treat you differently.
**Who will know about your answers?**

- Only the research team will see your answers
- We won't use your real name in any reports
- We will keep everything you say private, unless you tell us someone is hurting you or you want to hurt yourself - then we need to get help for you

**Do you have questions?**
If you have questions now or later, you can ask:

- [Researcher name and contact]
- Your parent/guardian
- [Another trusted adult]

**YOUR DECISION**
Do you want to be in this study?

☐ **Yes**, I want to participate

☐ **No**, I don't want to participate

Your Signature Date_____

Your Name (Printed)_____

**Researcher:**

I confirm that I explained this study in a way appropriate for this young person's age and understanding. I answered all questions. The young person appeared to understand and agreed freely.

Researcher Signature Date_____

Researcher Name (Printed)_____

**Parent/Guardian Consent:**

I confirm that my child/ward has my permission to participate in this study. I have also signed a separate parent consent form.

Parent/Guardian Signature_____ Date_____

**B.2.3. WU-IRERC-T-003: Child Assent Script (Ages 7-11)**

**Instruction:** This is not a form for the child to sign. Read this script to the child in their language. Document assent in research records**.** ***For children ages 7-11 - to be read aloud***

**Hello! My name is _____**
**I want to tell you about something we are doing, and I want to see if you would like to help us.**
**What we are doing:**
[Explain in very simple language. Example: "We are learning about the food that children eat. We want to know what you like to eat and what you eat every day."]
**What you would do:**
[Example: "If you want to help, I will ask you some questions about food. Like, 'What did you eat for breakfast?' It will take about 15 minutes - that's about as long as [relatable time reference, e.g., 'three songs' or 'recess'].
**Good things:**
[Example: "You won't get anything special just for helping, but you will help us learn about children and food."]
**Things that might be hard:**
[Example: "Some children get a little tired of answering questions. If you get tired, we can stop."]
**You get to choose:**

- You don't have to do this if you don't want to
- If you say yes but then change your mind, that's OK
- Nothing bad will happen if you say no
- Your mom/dad/[guardian] said it's OK if you want to do this, but you still get to choose

**Do you want to help us with this?**
☐ Child said **YES**
☐ Child said **NO**
☐ Child was **unsure/unclear** (Do not proceed)
**If child says YES:**
"Great! Thank you for helping us. Remember, if you want to stop, just tell me."
**Researcher Documentation:**
Child's response: _____
Assent obtained: ☐ Yes ☐ No
Date: _____ Time: _____
Researcher Signature: _____
**[Note: Parent/Guardian must also provide written consent separately]**

**B.2.4. WU-IRERC-T-004: Community Consent Documentation Form**

**Instruction:** This form documents community-level consultation and consent for research. Use in addition to individual informed consent**.**

**SECTION 1: Research Information**
**Study Title:** _____
**Principal Investigator:** _____
**Research Location:**

- Region/Zone: _____
- Woreda: _____
- Kebele/Community: _____

**Study Duration:** From _____ to _____

**SECTION 2: Community Definition**
For this research, "the community" is defined as
_____
Estimated community size**:** _____

**SECTION 3: Community Consultation Process**
Date(s) of Community Consultation: _____
Location of Meeting: _____
Number of Community Members Present: _____

Community Representatives/Leaders Present:

| Name | Role/Title | Signature/Thumbprint |
|---|---|---|
| | | |
| | | |
| | | |

**Other Attendees:** (Attach sign-in sheet if available)

**SECTION 4: Information Shared with Community**
**Topics Explained** (Check all covered):
☐ Purpose and objectives of the research
☐ Why this community was selected
☐ What participants will be asked to do
☐ Expected duration of research activities
☐ Potential benefits to community
☐ Potential risks or inconveniences
☐ How participants will be selected
☐ Confidentiality and data protection
☐ Voluntary nature of participation
☐ Right to refuse or withdraw
☐ How findings will be shared

☐ Researcher contact information
☐ Grievance/complaint mechanism
**Language(s) Used:** _____
**Materials Provided to Community:**
☐ Oral explanation only
☐ Written information sheet (language: _____)
☐ Pictorial materials
☐ Other: _____

**SECTION 5: Community Feedback and Concerns**
**Questions Asked by Community Members:**

1. _____
   **Response:**
   _____
2. _____
   **Response:**
   _____
3. _____
   **Response:**
   _____

**Concerns Raised:**

1. _____
   **How Addressed:**
   _____
2. _____
   **How Addressed:**
   _____

**Suggestions from Community:**
_____
_____

**Changes Made to Research Plan Based on Feedback:**
_____
_____
_____

**SECTION 6: Community Decision**
**After discussion, the community:**
☐ **Supports** the research proceeding in this community
☐ **Conditionally supports** the research (conditions listed below)
☐ **Does not support** the research (reasons listed below)
☐ **Requires more information/time** before deciding (specify: _____)
**Conditions (if applicable):**
_____
_____

**Reasons for non-support (if applicable):**

_____

_____

**SECTION 7: Community Benefit-Sharing Agreements**

What the community will receive:

Benefit Description timeline responsibility

**Community Priorities** (areas where community would most like to see research impact):

_____

**Mechanism for Distribution/Implementation:**

_____

**SECTION 8: Ongoing Engagement Plan**

**Community Liaison Person:**

Name: _____ Role: _____ Contact: _____

**Frequency of Updates to Community:**

☐ Monthly meetings

☐ Quarterly meetings

☐ At key milestones: _____

☐ Other: _____

**Method for Providing Feedback/Complaints:**

☐ Direct contact with researcher

☐ Through liaison person

☐ Community feedback box

☐ Dedicated phone line: _____

☐ Other: _____

**End-of-Study Dissemination Plan:**

☐ Community meeting presentation

☐ Written report in local language

☐ Radio broadcast

☐ Poster/visual materials

☐ Other: _____

**Target Date for Sharing Results:** _____

**SECTION 9: SIGNATURES**

**Community Representatives Endorsement:**

We, the undersigned community representatives, confirm that:

- The research was explained to the community in understandable language
- Community members had opportunity to ask questions and raise concerns
- The community's decision was made collectively and without coercion
- We support/conditionally support this research proceeding

**Representative 1:**

Name: _____ _____Title/Role: _____

Signature/Thumbprint: _____ Date: _____

**Representative 2:**
Name: _____ _____Title/Role: _____
Signature/Thumbprint: _____ Date: _____
**Representative 3:**
Name: _____Title/Role: _____
Signature/Thumbprint: _____ Date: _____
**[Minimum 2-3 representatives; more if community governance requires]**

**Witness** (if thumbprints used):
I confirm that the process was explained, and consent was freely given.
Name: _____ _____Signature: _____ Date: _____
**Researcher:**
I confirm that I accurately explained the research, facilitated open discussion, and documented the community's response faithfully.
Name: _____ _____Signature: _____ Date: _____

**SECTION 10: DOCUMENTATION ATTACHED**
☐ Meeting minutes/notes
☐ Attendance sheet
☐ Photos (with permission to use)
☐ Audio/video recording (with permission)
☐ Community letter of support
☐ Map/diagram of community engagement
☐ Other: _____

**FOR RESEARCHER USE**
**Outcome of Community Consultation:**
_____
_____
**Actions Required Before Starting Research:**
_____
_____**Dat**
**e Community Engagement Complete:** _____