



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Study: Primary Research to Establish the Rate of Compliance by County Assemblies and County Executives with the Constitutional and Statutory Requirements Pertaining to their Composition Following the 2013 General Elections and in Lieu of the 2017 General Elections

Researcher(s): (1) Name:

(2) Name:

INFORMATION FOR RESPONDENT

1. Introduction

- You are kindly requested to participate in this research whose Title as above explains the objective of the study.
- You were selected as a possible participant because in the ordinary course of your work you are involved with matters connected to the purpose of the study as outlined in the Title.
- You are requested to read this form and ask any questions necessary before signing the form to signify your agreement to participate in this interview.

2. Purpose of Study

- The purpose of the study is to determine the extent to which county assemblies and county executives complied with the requirements of the law with respect to their composition following the 2013 General Elections, any hurdles that were faced in so doing, and the lessons that can be learned for incorporation into the planning process for the forthcoming 2017 General Elections.
- Ultimately, the research findings from this study will be disseminated to the concerned and relevant stakeholders as well as the public, and may be captured in a book in due course.

3. Description of the Study Procedures

- If you agree to participate in this study, you will be requested to:
 - i. Answer questions put to you from a questionnaire by the above named researcher(s) as clearly, truthfully, and as accurately as possible;
 - ii. Indicate any discrepancies you perceive with respect to the questions put to you or the relevant subject matter;
 - iii. Append your signature to the questionnaire to confirm your testimony or indicate any variances once the researcher inputs it onto the computer and sends it to you for review.

4. Risks/Discomforts of Participating in this Study

- The study has the following risks:
 - i. Where false or vague information is provided or erroneously recorded, there is likely to be a backlash from the parent institution through denial of the truthfulness of the report;
 - ii. Where false or vague information is provided or erroneously recorded, and subsequently relied upon by institutions preparing for the forthcoming general elections, there is likely to be a backlash from them as to the consequences of mis-information.

5. Benefits of Participating in the Study

- The benefits of participation are:
 - i. Securing posterity by participating in the improvement in design of the law pertaining to the composition of the county assemblies and county executives;
 - ii. Where the relevant law is improved, a positively enhanced working environment and

6. Confidentiality

Your identity will not be disclosed in the material that is published. However, you will be given the opportunity to review and approve any material that is published about you if disclosing your identity is necessary.

7. Payments

There is no provision for payment for the information provided during the interview.

8. Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you and you are under no coercion whatsoever to do so. You may refuse to participate in the study *at any time* without affecting your relationship with the researchers of this study or Dr. Linda Musumba & Co Advocates. You are at liberty to refuse to answer any single question, as well as to withdraw completely from the interview at any point during the process; you also have the right to request that the interviewer not use any of your interview material.

9. Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by the researcher before, during or after the research. If you have any further questions about the study, at any time feel free to contact me at info@dml-advocates.com , or by telephone at 0724871532. If you have any other concerns about your rights as a research participant that have not been answered by the researchers, you may contact Dr. Linda Musumba at the e-mail address and telephone number provided above.

CONSENT OF RESPONDENT

[Please Note: Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. This Consent Form will be scanned and sent to you via e-mail by the researcher for your records.]

I hereby confirm that:

1. I have been well informed of, and understand the purpose of this research.
2. I have read and understood the information provided above and voluntarily agree to participate in the study.
3. I am authorized to provide information to the researcher on behalf of my organization.

Respondent's Name (print): _____

Respondent's Signature:

Date:

Researcher's Name:

Date: