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APPENDIX 1:

Informed Consent Form

You are, hereby, being asked to be my co-researcher, to participate in a narrative research. In a nutshell, the research is about hearing the unheard stories of children affected by HIV and AIDS:: Their unheard stories bordering on:

1. Discrimination.
2. Stigma.
4. What is the role of the church in addressing:
5. Bereavement and Trauma counselling. (Is there, or will there be a place or time for bereavement process in the church?).
6. Foster care (will or can the church in general promote foster care)?
7. Food parcels.
8. Adoption of those children.
10. Emotional and spiritual care, support and counselling.

As a (HIV/AIDS) field worker, you will supposedly have more knowledge about the above-mentioned and the dynamics around children affected by HIV and AIDS. This also applies to church leaders of the City of Tshwane, as they, too, have knowledge of how, in some cases, their church members dies of AIDS and leave behind children.

If you agree to participate in this research, the under mentioned will be the process:

- You will be Protected from harm
- Your privacy will be respected
- Your participation is voluntary. If at any time, prior or during the research, you wish to withdraw your participation, you are free to do so without prejudice
- Should you have any question(s) to ask, prior or during this
research, please do not hesitate to ask
The research process will be in a form of conversations, whereby you will be treated as a co-researcher
The research will be a narrative-based research. This means that, during the conversations, the researcher will be listening to stories of co-researchers (participants) and stories of those children.
The researcher will take the ‘not-knowing position.’ This is to say, co-researcher(s) is/are expert(s) of his/their stories

Authorization:

I have read the above mentioned, and I understand the nature of this research. I understand that by agreeing to be a co-researcher in this research, I have not waved any legal or human right, and that I may contact the Course leader: Professor Müller at the University of Pretoria, at any time.

I agree to participate in this research.

I understand that I may refuse to participate or I may withdraw from the research at any time without prejudice. I also grant permission to the researcher to disclose my names, or to be treated anonymously.

Names ...........................  .................................................................

Participant’s signature .......................... Date .................................

Researcher’s signature.......................... Date .................................