Name – Logo of the institution/tutelle

Consent Form for Participation in a Research Study

[you should change the wording of this form to suit your own project]

Name of the research project:

Full researcher in charge of the project:

Research location:

Purpose of the research:

Description: *[brief description of the research project and any intended outputs]*

Involvement: I understand that my participation in this project will involve *[brief description of what is required, e.g. ... Completing two questionnaires about my attitudes toward controversial issues]*

Duration: *[approximately 20 minutes of your time]*.

Benefits of the Study:

Example - The expected benefits of this research are to obtain a better understanding of the factors that influence consumer behavior. A better understanding of these factors may help to improve the methods used.

You will also specify the means of disseminating the overall (non-individual) results of the study to participants.

Potential Risks of the Study:

With the exception of risks related to an experimental design and which must then be made explicit to subjects after the fact (debriefing), you must state here the risks you have described in the protocol and the means of preventing these risks or the procedures that will be implemented if the risk occurs.

Example - To the best of our knowledge, this research does not involve any risks or discomforts other than those of daily life.

Participant's rights: *Choose the most appropriate formulation for your case and adapt it to your research project*

I understand that my participation is voluntary. I have the right to refuse to answer particular questions. I am free to ask any questions at any time or discuss my concerns or complaints about this research, its procedures, risks and benefits, with *[supervisor's name and email address]***. I have the right to withdraw my consent or discontinue participation at any time without giving a reason and without penalty or loss of benefits to which I am otherwise entitled.**

Or

I understand that my participation is voluntary. I have the right to refuse to answer particular questions. I am free to ask any questions at any time or discuss my concerns or complaints about this research, its procedures, risks and benefits, with *[supervisor's name and email address]***. I have the right to withdraw my consent or discontinue participation at any time without giving a reason. In this case, I will not earn any money (or credits).**

I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time.

Confidentiality: *Choose the most appropriate formulation for your case and adapt it to your research project*

I understand that the information provided by me will be held confidentially and securely.
The information provided by me will be assigned a code number. The list connecting my name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. My name will not be used in any report.

Or

I understand that the information provided by me will be held confidentially and securely.
The information provided by me will be anonymous which means that my name will not be collected or linked to the data.

Or

I understand that the information provided by me will be held confidentially and securely. Only the researcher and *[name(s) of other researchers where applicable]* **can trace the information provided by me back to me individually. The information will be retained for up to** *[amount of time data will be held]* **and will then be anonymized, deleted or destroyed.**

Participation: *Choose the most appropriate formulation for your case and adapt it to your research project*

I will receive *[describe reimbursement; money, gift voucher or credits]* **as payment for my participation**

Or

There is no payment for my participation.

Results dissemination:

The results of this research study may be presented at scientific or professional meetings or published in scientific journals.

<u>Debriefing</u>:
A debriefing will be done at the end of the study.

<u>Consentment</u>:

I, _____*[NAME]* consent to participate in the study described above, conducted by *[name, email address and status]* **of** *[name of the institution/tutelle]***, under the supervision of** *[name of the supervisor]***.**

If necessary, choose the most appropriate formulation for your case and adapt it to your research project
I agree to be filmed as part of this study to facilitate further processing of information.
Yes/No

Or

I agree to be audio recorded as part of this study to facilitate further processing of information.
Yes/No

Signed:

Date: