

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:

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].*

Participant's rights:

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:

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

Or

There is no payment for my participation.

Results:

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

Debriefing:

A debriefing will be done at the end of the study.

Consentment:

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]*.

Signed:

Date: