**Informed Consent Form**

**Title of Study:**

**Project members:** {List the names of all project members including PI and members}

**Objective:** {Provide a statement of the purpose of the study and an estimate of how many persons are participating in the study.}

**Procedures:** {Describe what the participants will be asked to do for the study. Include all procedures, including number, frequency and duration. Describe any other data to be collected such as personal records, written material etc.}

**Right to Refuse or Withdraw:** {Provide a statement explaining that participation is voluntary and that refusal to participate or withdraw from the study at any time will involve no penalty. }

**Risks and Discomforts:** {For each procedure/activity that is part of the research, describe the immediate and long range discomforts/risks (physical, psychological, social, legal, and economic) and their consequences. Explain safeguards or precautions that will be taken to reduce the occurrence of adverse effects}

**Benefits:** {This statement should describe reasonable benefits to the participants as a result of participation in the research. If the individual participant will receive NO DIRECT BENEFIT, this must be explicitly stated. Payment for participation is NOT considered a benefit of the research.}

**Compensation:** {Only include if financial reimbursements or recruitment incentives are to be given to participants. Specify dollar amount and form of payment, i.e. cash, gift certificate, item. Explain if and how the payment will be prorated if the participant withdraws. Also indicate when payment will be received, eg, at end of session, one week later, after each intervention, etc.}

**Anonymous and Confidential Data Collection:** *{Indicate whether data collection will be (a) anonymous and/or (b) confidential. Describe how it will be anonymous and confidential*}

**Confidentiality of records:** *{*This section should describe the extent to which confidentiality of records will be maintained, i.e., coding of data, any limitations to confidentiality, disposition of data at the conclusion of the study. Address all forms of data to be collected – written, audio, video. Confidentiality procedures explained here must be consistent with those stated in the ethics application.}

**Personal Data:**

By signing the Consent Form attached, you (or your legally acceptable representative, if relevant) are authorizing (i) collection, access to, use and storage of your “Personal Data” by TP, for the purposes of the study, (the “Purpose”).

 “**Personal Data**” means data about you which makes you identifiable: (i) from such data; or (ii) from that data and other information which an organisation has or likely to have access.

Data collected are the property of TP. In the event of any publication regarding this study, your identity will remain confidential.

**Who to contact with questions:** {Provide a contact for answers to pertinent questions about the research. If the investigator is a student, also include the supervisor’s name and email address}

Should you have questions on participants' rights in the study, you may contact:

**Advisor / PI name:**

**Email**:

**Institution / Dept:**

**Consent Form**

I have read, discussed and understand the information and procedures in the study information sheet attached to this consent form. My questions concerning the study have been answered to my satisfaction, and I acknowledge that I am participating in this study of my own free will. I understand that I may refuse to participate or stop participating at any time.

**Consent to participate in the research**

 Yes I agree to participate in this research.

   No, I do not agree to participate in this research.

Name of Participant Signature Date