

CONSENT FORM

“RESEARCH TITLE”

PARTICIPANT INFORMATION:

You are invited to be a part of “YOUR RESEARCH TITLE”.
Your participation in the study is entirely voluntary.

The identity of those participating in the study will not be shared with anyone and it will be kept confidential.

INFORMED CONSENT FROM

I have read the above information. I consent voluntarily to participate in this research.

Name of the participant:

Signature of the participant:

Date: