*This template is intended for creating* the Informed Consent Form for your research.

**INFORMED CONSENT FORM**

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| --- | --- |
| **Project Title and version** | [COMPLETION BY PRINCIPAL INVESTIGATOR] |
| **Name of Principal Investigator** |  |
| **Name of Organisation** |  |
| **Name of Sponsor** |  |
| **Purpose of the Study** | This research is being conducted [COMPLETION BY PRINCIPAL INVESTIGATOR]. I am inviting you to participate in this research project about [COMPLETION BY PRINCIPAL INVESTIGATOR]. The purpose of this research project is [COMPLETION BY PRINCIPAL INVESTIGATOR]. |
| **Procedures** | You will participate in an interview lasting approximately [COMPLETION BY PRINCIPAL INVESTIGATOR]. You will be asked questions about [COMPLETION BY PRINCIPAL INVESTIGATOR]. Sample questions include: “[COMPLETION BY PRINCIPAL INVESTIGATOR]”.You must be at least 18 years old [ADDITIONALLY, WHERE APPROPRIATE OTHER CONDITIONS, COMPLETION BY PRINCIPAL INVESTIGATOR].  |
| **Potential and anti-cipated Risks and Discomforts** | There are no obvious physical, legal or economic risks associated with participating in this study. You do not have to answer any questions you do not wish to answer. Your participation is voluntary and you are free to discontinue your participation at any time. |
| **Potential Benefits**  | Participation in this study does not guarantee any beneficial results to you. As a result of participating you may better understand [COMPLETION BY PRINCIPAL INVESTIGATOR]. The broader goal of this research is to [COMPLETION BY PRINCIPAL INVESTIGATOR].  |
| **Sharing the results** | Your plan for sharing the findings with the participants should be provided. If you have a plan and a timeline for the sharing of information, include the details. You may also inform the participant that the research findings will be shared more broadly, for example, through publications and conferences. |
| **Confidentiality** | Your privacy will be protected to the maximum extent allowable by law. No personally identifiable information will be reported in any research product. Moreover, only trained research staff will have access to your responses. Within these restrictions, results of this study will be made available to you upon request. As indicated above, this research project involves making audio recordings of interviews with you. Transcribed segments from the audio recordings may be used in published forms (e.g., journal articles and book chapters). In the case of publication, pseudonyms will be used. The audio recordings, forms, and other documents created or collected as part of this study will be stored in a secure location in the researchers’ offices or on the researchers password-protected computers and will be destroyed within ten years of the initiation of the study. |
| **Compensation** | *[COMPLETION BY PRINCIPAL INVESTIGATOR]* |
| **Right to Withdraw and Questions** | Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify. If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the primary investigator: [COMPLETION BY PRINCIPAL INVESTIGATOR] |
| **Statement of Consent** | Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree that you will participate in this research study. You will receive a copy of this signed consent form.I have been given the guarantee that this research project has been reviewed and approved by the ESHCC Ethics Review Committee [and IF APPLICABLE: by the EU Ethics Committee]. For research problems or any other question regarding the re-search project, the Data Protection Officer of Erasmus University, Marlon Domingus, MA (fg@eur.nl) [and IF APPLICABLE: the EU Ethics Committee may be contacted through [information of the contact person at the Ethics Committee at EU [COMPLETION BY PRINCIPAL INVESTIGATOR]].If you agree to participate, please sign your name below.  |
| **Audio recording**(if applicable) | I consent to have my interview audio recorded[ ]  yes[ ]  no |
| **Secondary use**(if applicable) | I consent to have the anonymised data be used for secondary analysis[ ]  yes[ ]  no |
| **Signature and Date** | **NAME PARTICIPANT** | **NAME PRINCIPAL INVESTIGATOR** |
| **SIGNATURE**  | **SIGNATURE** |
| **DATE** | **DATE** |