**Informed Consent Form**

Name of person in charge of the study:

[*Where applicable, name of supervisor*]:

Title of the research study:

Title of course/master/programme,…:

Name of institute/faculty:

**This Informed Consent Form is composed of two parts:**

1. **Information Sheet – providing details about the study**
2. **Informed Consent – to be signed if you decide to participate**

**Part A. Information Sheet**

* *In the following sections, try to provide as much information needed for study subjects to decide upon their participation. Use a simple and straightforward language, understandable by anyone not familiar with your field nor with academic environment.*
* *Remove all the instructions in italics and complete the sections in square brackets*
1. **Introduction**

Thank you for your interest in the research study [*title of project*]. Please take your time to carefully read the following description. The purpose of the study is to […]. If you decide to participate, you will be asked to […]

In the next sections, I will provide you with additional information about the purposes of the project in order for you to make a fully informed decision.

1. **The project**

The purpose of this project is […]

* *Provide a summary of the research, where you clearly explain the purpose and context of your study, the nature of the research and its methodology.*
* *Use a simple language, understandable by people not expert in your field.*
1. **The experiment**

In this study, we will […]. You will be asked to […]

* *Provide clear details of the experiment/interview and why it is needed to achieve the project’s objectives. Provide all details of the procedures in place*
* *Explain what will happen during the study and how it will work. Describe the procedure and how long it will take for each participant.*

This study involves the following risks […]

* *Clearly explain if there are any possible risks, harms or discomforts for the participants. If there are none, clearly state it.*
1. **Confidentiality and data protection**

We will take all appropriate measures to keep your personal information confidential, and to protect it from unauthorized access. [*Describe the adopted measures]*

* *Explain how you will keep their personal information confidential, where you will store the collected data (i.e. in files protected by passwords, kept in locked rooms, …), who can have access to it (e.g. only you and your supervisor).*
1. **Use of the results**

*Explain the purpose of the data collection and how you will process it. Provide a statement where you give the possibility to participants to receive information about the results of your research. Participants need to agree to provide their email address.*

1. **Your rights as participant in this study**

Your participation in this study is entirely voluntary and you have the right to refuse to participate. You also have the right to refuse to answer to any given question you consider uncomfortable.

You can decide to end your participation at any time and withdraw from the experiment without any consequences.

1. **Compensation**
* *Indicate if participants will receive a compensation for their participation in the study*
* *If there is no compensation, delete this section.*
1. **Contacts for questions**

If you have any further question or concerns about this study and its development, do not hesitate to contact [*me/us*] directly [*email address and phone number /also provide contact of supervisor if applicable*]. [*I/We*] remain fully available to further explain the study and answer your questions.

**Part B. Informed Consent**

I confirm that I have read the information concerning the study described above, and I had the opportunity to ask questions about it and any questions I asked have been answered to my satisfaction. I understand that my participation is voluntary and that I am free to withdraw at any time.

I understand that I will be given a copy of this Informed Consent Form.

* *Remember to provide a copy of the Informed Consent Forms to participants. Keep the originals in a safe place*

I voluntarily agree to be a participant in this study and I give my consent that my data will be processed according to the modalities and purposes of the study presented above.

Participant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_