

# Consent Form For Research

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## Respondent Information

- Name: \_\_\_\_\_
- Institution/Affiliation: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Study Details

- Research Title: \_\_\_\_\_
- Researcher(s): \_\_\_\_\_
- Study Description: \_\_\_\_\_
- Expected Duration: \_\_\_\_\_ Location: \_\_\_\_\_

## Participant Rights and Confidentiality

- Confidentiality Assurance: \_\_\_\_\_
- Voluntary Participation: \_\_\_\_\_
- Right to Withdraw: \_\_\_\_\_

## Consent

- I, [Name], agree to participate in the research study described above.
- [ ] I agree to the use of anonymized quotes/data in publications.

## Signature

- Participant's Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Researcher's Signature: \_\_\_\_\_

- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Contact Information for Questions/Concerns**

- Researcher Contact: \_\_\_\_\_
- Supervisor Contact: \_\_\_\_\_