

# Psychology Research Informed Consent Form

Study Title: \_\_\_\_\_

Lead Researcher:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Research Objective:

The objective of this study is to \_\_\_\_\_

What to Expect:

As a participant, you will be asked to \_\_\_\_\_

Time Commitment:

Participation will require approximately \_\_\_\_\_

Potential Risks:

Some potential risks include \_\_\_\_\_

Potential Benefits:

You may gain insights into \_\_\_\_\_

Confidentiality:

All information collected will remain confidential and stored securely.

Your Rights:

Participation is voluntary, and you may withdraw at any time without consequences.

Statement of Consent:

I understand the information provided and agree to participate in this study.

Participant's Name: \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Researcher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_