**CONSENT FORM TO PARTICIPATE IN RESEARCH**

This form states that I agree to participate in a research project being conducted (name of researcher/s). This research is being conducted for (state class affiliation/ sponsoring agency

###### A. INFORMED CONSENT: As the investigator of this project respecting the privacy and protection of all research participants is ensured. This form presents general but obligatory information about your participation in this project.

###### B. OBJECTIVE: State objective of study.

###### C. RISKS AND CONFIDENTIALITY: Other than demographics, your name and personal information will not be asked and will not be part of the research. No component of this study is expected to cause any emotional or physical harm to participants. All information collected will remain confidential and will not be associated with your name in our reports. The data collected will be stored in a locked file cabinet. No person will have access to data other than the researcher. Data will be destroyed after one year.

###### D. VOLUNTARY NATURE OF THE STUDY: Participation in this research project is entirely voluntary. I am not obligated to answer any questions. I may stop or withdraw from the interview at any time.

**E.** **CONTACTS AND QUESTIONS:** If I have any questions or would like additional information about this research, I can be contacted at email.

By agreeing to participate, you are giving your consent for me to utilize the data collected in academic research. Thank you for your time and contribution to my study.

**Signature of Informed Consent:**

**I have carefully studied the above and understand this agreement.**

**I freely consent and voluntarily agree to participate in this study.**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_