Consent to Participate in Research
(Example Template)

Title or paraphrased title of the Study

Introduction
You are asked to participate in a research study conducted by names of PI (and faculty sponsor if the PI is a student), from the departmental affiliation at name of institution (e.g. Nanyang Technological University). If student, indicate whether study is being conducted as part of undergraduate project, graduate student project, thesis, or dissertation. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

OPTIONAL: You have been asked to participate in this study because explain succinctly and simply why the prospective subject is eligible to participate. If appropriate, state the approximate number of subjects involved in the study. State whether there are inclusion or exclusion criteria for participation (e.g., language conditions that would include or exclude a person).

Purpose of this Study

Briefly state what the study is designed to examine, assess, or establish.

Description of Procedures
If you volunteer to participate in this study, you will be asked to do the following things:

Describe the procedures chronologically using simple language, short sentences, and short paragraphs. If there are several procedures or if they are complex, the use of subheadings may help organize this section and increase readability.

Define and explain technical or discipline-specific jargon. Use language appropriate to the population.

If applicable, specify the subject’s assignment to study groups, length of time for participation in each procedure or study activity, the total length of time for participation, frequency of procedures and location of the procedures to be done.

If subjects will be recorded (audiotaped, videotaped, digitally), describe the procedures to be used.

If any study procedures are experimental, clearly identify which ones.

What are the potential risks?
Describe any reasonable foreseeable risks or discomforts, including physical inconveniences and their likelihood, and explain how these will be managed. In addition to physiological risks/discomforts, describe any reasonably foreseeable psychological, social, legal, or financial risks or harms that might result from participating in the research.

If there are circumstances in which the researcher may terminate the study, describe them. (This refers to situations in which the study itself may be terminated. It is not the same thing as circumstances in which a specific subject may be withdrawn; this issue is to be discussed below, if relevant.)
In the event of physical and/or mental injury resulting from participation in this research project, Nanyang Technological University does not provide any medical, hospitalization or other insurance for participants in this research study, nor will Nanyang Technological University provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.

**What are the potential benefits?**

*Describe benefits to subjects expected from the research. If the subject will not benefit directly from participation, clearly state this fact.*

*State the potential benefits, if any, to science or society expected from the research.*

*Note: Payment or other compensation for participation (e.g., a gift certificate, extra credit) is not a benefit and is not to be discussed in this section.*

**Compensation for participation (Optional)**

*State whether the subject will receive payment. If not, delete this section. If subject will receive compensation, describe type and amount, when compensation (e.g., money, extra credit, gift certificate) is scheduled, and the proration schedule, if any, should the subject decide to withdraw or is withdrawn by the investigator.*

**Confidentiality**

*Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.*

*If information will be released to any other party for any reason, state the person or agency to whom the information will be furnished, the nature of the information, the purpose of the disclosure, and the conditions under which it will be released.*

*If activities are to be recorded (either audio or video), describe who will have access, if the tapes/files will be used for educational purposes, and when they will be erased or destroyed.*

*If a subject form is used, ADD “In case of an emergency, injury, or illness that occurs during this study, I hereby authorize the release of any and all health information to allow for medical care and treatment of my condition.”*  

**Participation and Withdrawal**

*You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.*

*Include the following paragraph in this section only if relevant*  

*The investigator may withdraw you from this research if circumstances arise which warrant doing so. Describe the anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s consent.*
Alternatives to Participation *(if applicable)*
Describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether to participate in the study. If applicable, explain why these procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the study.

Identification of Investigators
If you have any questions or concerns about this research, please contact identify research personnel: Principal Investigator, Faculty Sponsor (if student is the P.I.), Co-Investigator(s), if any. Include day phone numbers, addresses, and email addresses for all listed individuals. For some studies of greater than minimal risk, it may be necessary to include night/emergency phone numbers.

Rights of Research Subjects
The Nanyang Technological University (NTU) Institutional Review Board *(or LMS Programme Ethics Committee at NTU)* has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact *(list either NTU-IRB or LMS Programme Ethics Committee contact person, email and phone number)*
Consent Form: *Include the title of the Study*

I have read, discussed and understand the information and procedures in the study information sheet attached to this consent form. My questions concerning the study have been answered to my satisfaction, and I acknowledge that I am participating in this study of my own free will. I understand that I may refuse to participate or stop participating at any time.

**Consent to participate in the research**

☐ Yes I agree to participate in this research.

☐ No, I do not agree to participate in this research.

________________________________________  _________________________
Printed Name of Subject

________________________________________  _________________________
Signature of Subject      Date

________________________________________  _________________________
Signature of Researcher administering consent      Date

For study involving minors (unmarried subjects who are less than 21 years of age), consent from a parent or guardian is necessary

I give consent for my child as named above to participate in the study and agree to the consent as noted above.

________________________________________  _________________________  _________________________
Name of Parent      Signature      Date