

Educational Research Informed Consent Form

Title of Research Study

Researcher(s) Information

- Name:
- Affiliation:
- Email:
- Phone:

Invitation & Purpose of the Study

Procedures

Risks and Benefits

Confidentiality

Participation & Withdrawal

Contact for Questions

- Researcher:
- Supervisor:
- Ethics Committee (if applicable):

Consent

I have read and understood the information above. I voluntarily agree to participate in this study.

Participant Name

Signature

Date