# INFORMED CONSENT FORM

**Title of the Research Study:**Click here to enter text.

**Ethics Reference Number:**Click here to enter text.

**Principal Researcher/Supervisor:**Click here to enter text.

**Postgraduate Student (if applicable):**Click here to enter text.

**Address:**Click here to enter text.

**Contact Number:**Click here to enter text.

**Introduction**

Please read this information carefully. It explains the details of this study. If you have any questions, feel free to ask the researcher or the person explaining the research. Your participation is voluntary. If you choose not to participate, it will not affect you in any way. You may withdraw from the study at any time, even if you initially agree to participate.

This study has been approved by the Institutional Review Board (IRB) of KIMEP University (IRB Number: [00000-00-A1]). The study will adhere to strict ethical guidelines and principles. IRB members or other relevant individuals may review the research records if necessary.

**Study Details**

Provide a brief description of the research.

**Consent**

I give my full consent to the collection of my personal data. The researcher has also explained to me (a) the purpose of the research, (b) my expected involvement (c) expected duration, (d) the data collection methods to be used and storage of data, (e) any reasonably foreseeable risks or discomforts I may experience, (e) that the information I provide will remain confidential and will only be used for the purposes of this research project, (f) compensation/cost (g) that I can contact the contact person indicated above in case I have any questions or complaints related to this research project and (g) that I am aware that my participation is fully voluntary and I may discontinue my participation at any time.

**Additional Information**

* If you have any further questions or concerns, please contact the researcher.
* For any unresolved issues or complaints, please contact VPAA Office Manager or the Head of IRB Committee.
* You will receive a copy of this consent form for your records.

**Participant Declaration**

By signing below, I, [Participant’s Name], consent to participate in the research study titled “[Study Title].”

I confirm that:

* I have read this consent form or it was explained to me in a language I understand.
* The research was clearly explained to me.
* I had the opportunity to ask questions and received satisfactory answers.
* I understand that my participation is voluntary and that I am not being pressured to participate.
* I may withdraw from the study at any time without negative consequences.
* I understand that I may be asked to leave the study early if the researcher deems it necessary or if I do not adhere to the study plan.

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Person Obtaining Consent (if not the Researcher)**

I, [Name], declare that:

* I have explained the contents of this consent form to [Participant’s Name].
* I did/did not use an interpreter.
* I encouraged the participant to ask questions and took adequate time to answer them.
* I am satisfied that the participant understands all aspects of the research.
* I provided the participant with time to discuss the study with others if they wished.

**Signature of Person Obtaining Consent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Researcher**

I, [Researcher’s Name], declare that:

* I have explained the contents of this consent form to [Participant’s Name] or it was explained by [Name of the person who explained].
* I did/did not use an interpreter.
* I encouraged the participant to ask questions and was available to answer any additional questions.
* The informed consent was obtained by an independent person.
* I am satisfied that the participant understands all aspects of the research.
* I am satisfied that the participant had sufficient time to discuss the study with others if they wished.

**Signature of Researcher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_