Exercise 7.1

# Informed Consent for [name of study]

|  |  |  |
| --- | --- | --- |
| **Please tick the appropriate boxes** | **Yes** | **No** |
| **1. Taking part in the study** |  |  |
| I have read and understood the study information dated **[**DD/MM/YYYY**]**, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction. | 🞏 | 🞏 |
| I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.  | 🞏 | 🞏 |
| I understand that taking part in the study involves **[**…………………………………………………**]**.Describe in a few words how information is captured, using the same terms as you used in the information sheet, for example: an audio-recorded interview, a video-recorded focus group, a survey questionnaire completed by the enumerator, an experiment, etc.].For interviews, focus groups and observations, specify how the information is recorded (audio, video, written notes).For questionnaires, specify whether participant or enumerator completes the form.For audio or video recordings, indicate whether these will be transcribed as text, and whether the recording will be destroyed.If there is a potential risk of participating in the study, then provide an additional statement:I understand that taking part in the study has **[**………………………………….**]** as potential risk. | 🞏🞏 | 🞏🞏 |
| **2. Use of the information in the study** |  |  |
| I understand that information I provide will be used for **[**…………………………………….……**]**.List the planned outputs, e.g. reports, publications, website, video channel etc., using the same terms as you used in the study information sheet.Consider whether knowledge sharing and benefits sharing needs to be considered, e.g. for indigenous knowledge. | 🞏 | 🞏 |
| I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the study team.At times this should be restricted to the researcher only. | 🞏 | 🞏 |
| If you want to use quotes in research outputs, add: I agree that my information can be quoted in research outputs.If you want to use named quotes, add: I agree that my real name can be used for quotes.If written information is provided by the participant (e.g. diary), add: I agree to joint copyright of the **[**specify the data**]** to **[**name of researcher**]**. | 🞏🞏🞏 | 🞏🞏🞏 |
| **3. Future use and reuse of the information by others** |  |  |
| I give permission for the **[**specify the data**]** that I provide to be deposited in **[**name of data repository**]** so it can be used for future research and learning.Specify in which form the data will be deposited, e.g. de-identified (anonymised) transcripts, audio recording, survey database, etc.; and if needed repeat the statement for each form of data you plan to deposit.Specify whether deposited data will be de-identified (anonymised), and how. Make sure to describe this in detail in the information sheet.Specify whether use or access restrictions will apply to the data in future, e.g. exclude commercial use, apply safeguarded access, etc.; and discuss these restrictions with the repository in advance. | 🞏 | 🞏 |
| **4. Signatures** |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Name of participant [IN CAPITALS] Signature Date |  |  |
| For participants unable to sign their name, mark the box instead of signingI have witnessed the accurate reading of the consent form with the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Name of witness [IN CAPITALS] Signature Date |  |  |
| I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Name of researcher [IN CAPITALS] Signature Date |  |  |
| **5. Study contact details for further information****[**Name, phone number, email address**]** |  |  |

*Source*: UK Data Service, 2018b