**INFORMATION SHEET FOR PARTICIPANTS**

**Title of the research project –**

**Purpose of this document**

**Aim and objectives of the survey**

**Do I have to participate?**

**Is my participation in this study confidential?**

**What are the advantages and disadvantages of participation?**

**What will happen to the results of the study?**

**Contact persons to ask questions**

**Consent certificate**

I have read this Information sheet for participants and understand the information provided to me.

I have been given the opportunity to ask questions and have received answers to my own satisfaction.

I understand that I may withdraw from the study at any time without giving any reason(s).

I confirm that I have had sufficient time to consider the information I have been given about the ongoing study.

I understand that participation in this study is voluntary.

I confirm that my consent to participate in this study is voluntary.

I acknowledge receipt of a copy of the Informed Consent Form signed by the investigator/other person authorised by the investigator.

Participant name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher's/person seeking consent's statement**

I confirm that I have informed the person named above about the research.

I confirm that the person has been given sufficient time to decide to participate in the study, taking into account the type of the study, as well as any other circumstances that may influence the decision.

I have encouraged the person to ask questions and have answered them.

The researcher or other person authorised by the researcher:

Researcher's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_