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Information for Participants

You are invited to participate as a subject in the research project [*name of project*].

The aim of this project is [*aim of project*].

Your involvement in this project will be [*description of tasks and procedures, and estimation of time required*], and the right to withdraw from the project at any time, including withdrawal of any information provided without any penalty.

As a follow-up to this investigation, you will be asked to [*description of any subsequent involvement*].

In the performance of the tasks and application of the procedures there are risks of [*description of any risks foreseen and add mitigation undertaken*].

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the identity of participants will not be made public without their consent. To ensure anonymity and confidentiality, [*description of steps taken to ensure anonymity and confidentiality*].

The project being carried out [as a requirement for course or degree (where relevant)] by [name of principal researcher] under the supervision of [name of the supervisor (where relevant)], who can be contacted at [telephone number(s)]. He/she/they will be pleased to discuss any concerns you may have about participation in the project.

The project has been reviewed ***and approved*** by the Maldives National University Ethics Committee

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[Researchers name]

[Contact Address]

[Date]

CONSENT FORM

[Name of Project]

I have read and understood the description of the above-named project. On this basis I agree to participate as a subject in the project, and I consent to publication of the results of the project with the understanding that anonymity will be preserved.

I understand also that I may at any time withdraw from the project, including withdrawal of any information I have provided.

I note that the project has been reviewed ***and approved*** by The Maldives National University Ethics Committee.

Name (please print) …………………………………………………….

Signature:

Date: