Protocol/Research Title.......................................................................................................................................

....................................................................................................................................................................................

Consent Date............................................

I am Mr./Mrs./Miss................................................. (name-surname of volunteers/ research participants)

address...............................................................................................................................................

 I have read the details from the attached information document for participants in the research project dated...................................... and I agree to voluntarily participate in the research project.

 I have received a copy of the consent to participate in the research project that I signed and dated, along with an information sheet explaining the research participants. This is before signing the consent form to participate in this research. I was explained by the researcher about the objectives of the research, the duration of the research, research methods, possible risks in the research process, and possible benefits as well. I had enough time and opportunity to ask all my questions until I had a good understanding. The researcher answered various questions to me doubting with willingness and not hiding it until I was satisfied.

 I understand my right to terminate my research participation at any time without needing to provide reasons and termination of participation in this research.

 The researcher guarantees that my personal information will be kept confidential and will be disclosed only with my consent. Other persons on behalf of the research sponsoring company, the Human Research Ethics Committee may be allowed to inspect and process the personal data of research participants.

 The researcher guarantees that no additional information will be collected after I request to cancel my participation in the research project and destroy and/or all information that can be traced to me.

 I understand that I have the right to inspect or correct my personal data and can revoke my authorization to use my personal data. This must be informed to the researcher.

 I am aware that the research information includes anonymous information about the research participants. It will go through various processes such as collecting data, recording information in records and on computers, checking, analyzing, and reporting data for academic purposes Including future use of research only.

 I have read the above message. and have a good understanding in all respects and am willing to participate in the research therefore signed this consent document.

..................................................................... (Signed by the person giving consent) (....................................................................) (in print)

Date...................................................