

**INFORMED CONSENT FORM FOR SURVEYS**

**TEMPLATE**

**Title of the Study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introduction**

Hello

Thank you for your interest in this study. I am a research investigator in this study. ***(Provide your short bio information, your organization or if you are an independent researcher/working with a team of researchers).***

**Purpose of the Research**

The purpose of this research is to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Selection**

You have been selected to be a part of this study because you are ***\_\_\_\_\_\_\_\_\_(provide the inclusion criteria).*** We believe that your experiences will greatly contribute to understanding the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary Participation**

Your participation in this survey is voluntary and in no way you should feel coerced or forced to engage in this process. You may skip any questions you do not want to answer or stop the survey at any time.

**Procedures**

I/we will be conducting this survey ***(describe the mode of data collection: distributing the self-administered questionnaire and how these will be collected after completion/online survey)*** consisting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_items. Some examples of the items on the survey are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You are required to respond to the items to the best of your knowledge and understanding. The survey will take about \_\_\_\_\_\_\_\_\_\_minutes to complete.

**Confidentiality**

This is an anonymous survey and no identifying information will be collected. Your name will not be recorded on the questionnaire. All information you will share with us will be treated as confidential. All electronic files will be password protected and only the investigator/s will have access to it. All demographic information collected will be anonymized and will not be linked to your identity. While the investigator(s) will keep your information confidential, there are some risks of data breeches when sending information over the internet that are beyond the control of the investigator(s).

**Benefits**

Participating in this study may not benefit you directly, but it will help us learn and understand about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Additionally, you will be adding to the pool of knowledge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which will have future implications on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Reimbursements**

No payments will be received for participating in this study. ***(However, if you intend to include incentives then you need to mention it and how the participants are going to access it, for example, if they have to enter a contest to win the prize, for example entering a contest to win a gift voucher or ipod, etc. This can be indicated at the beginning of the survey).***

**Risks**

There are no risks involved in this study. **(Please note that the risks vary from ‘no risks’ to ‘high risk’. Please ascertain the level of the risk involved in your study by going through this table:**

 **\_\_ No known risks**

**\_\_Negligible (*where there is no foreseeable risk of harm or discomfort; and any foreseeable risk is not more than inconvenience)***

**\_\_ Low (*where the only foreseeable risk is one of discomfort*)**

**\_\_ High (*where the risk, even if unlikely, is more than inconvenience, the research is not negligible risk*)**

You can choose to withdraw from the survey at any point. If you experience any mental trauma or stress on account of participating in this survey, a professional help will be made available to you at no cost. ***(Provide a helpline number for professional help. The number can be of the government ministry or an NGO).***

**Contact Information**

If you have any questions regarding your rights as a research participant please contact the Institutional Review Board IRB) Co-Chairperson, Dr. Susan Chand at chands@usc.edu.tt or call at 1-868-662-2241/42 EXT 1655.

**Questions?**

For any questions you may contact at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Instruction for online participation – By clicking on the link below you are consenting to participate in this survey)**

**Declaration by the Participant (for printed surveys)**

I have read and understood the foregoing information/information read to me. I have had the opportunity to ask questions about this study. Any questions I have asked have been answered to my satisfaction. I understand that I can withdraw from the survey at any time, without any penalty or consequences.

I hereby consent to voluntarily participate in this survey.

***\_\_\_\_(please tick)*** Consent by the Participant – I agree to participate in this study

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_