**Note on Use of This Template**This document is provided as a template and is intended to serve as a guide only. Each research project is unique, and researchers are expected to adapt the content of this form to suit the specific requirements and context of their study.

Participant Consent Form

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

**Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Supervisor (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Confirmation**

Please read each statement and tick the box if you agree:

[ ]  I confirm that I have read and understood the *Participant Information Sheet* (version [x], dated [xx/xx/xxxx]) for this study.
[ ]  I have had the opportunity to ask questions, and all of my questions have been answered.
[ ]  I understand why I have been invited to take part, what participation involves, and the expected duration of my involvement.
[ ]  I understand that my participation is voluntary, and I may withdraw at any time without giving a reason and without penalty.
[ ]  I understand what will happen to any data already collected if I withdraw, as explained in the Information Sheet.
[ ]  I understand the possible risks and inconveniences, and the possible benefits, of participating as described in the Information Sheet.
[ ]  I understand whether I will (or will not) receive compensation/reimbursement for participating.
[ ]  I understand how my personal data will be collected, stored, protected, and used by the Data Protection Commission.
[ ]  I consent to the use of my anonymised data in publications or presentations arising from this study.
[ ]  I consent to being audio/video recorded during the study. (if applicable)
[ ]  I consent to the use of anonymised direct quotes from my responses in publications or presentations. (if applicable)
[ ]  I agree that my anonymised data may be used in future related research, under the conditions described in the Information Sheet. (optional)
[ ]  I have been informed about the source(s) of funding for this research and any potential conflicts of interest.
[ ]  I know who to contact if I have questions, concerns, or complaints (researcher, ethics office, Data Protection Commission).
[ ]  I give my informed consent to take part in this research study.

**Participant Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Researcher Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Contacts for questions or concerns:**

* Researcher: [Insert details]
* Ethics Committee: urec.@atu.ie
* Data Protection Commission: [www.dataprotection.ie](http://www.dataprotection.ie?utm_source=chatgpt.com)