

Informed Consent Document

Please read the following information carefully before proceeding. Your participation is voluntary, and you may withdraw at any time without penalty.

Purpose of the Study

The purpose of this study is to understand your opinions and experiences regarding [describe briefly].

Procedures

You will be asked to complete a questionnaire that will take approximately 15 minutes.

Risks and Benefits

There are minimal risks associated with participation. Benefits include contributing to research in this field.

Confidentiality

All information collected will be kept confidential and used for research purposes only.

Voluntary Participation

Your participation is entirely voluntary. You may withdraw at any time without consequence.

Contact Information

If you have questions about the research, please contact [Researcher's Name and Contact Information].

Full Name:

Signature:

Date:

I Consent