

Informed Consent Agreement for Research Participation

Thank you for considering participation in our research study. Please read the following information carefully before making your decision.

Purpose of the Study

The purpose of this research is to [describe the purpose of the research briefly].

Procedures

If you agree to participate, you will be asked to [briefly describe what participants will do].

Risks and Benefits

- Potential risks: [Describe potential risks or discomfort, if any]
- Potential benefits: [Describe potential benefits to participants or others]

Confidentiality

Your responses will be kept confidential and will only be used for research purposes. All information will be coded and stored securely.

Voluntary Participation

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

Contact Information

If you have any questions about the research, please contact:

[Researcher's Name]

[Contact Email/Phone]

Consent

By signing below, you indicate that you have read and understood the above information and agree to participate in this study.

Printed Name:

Signature:

Date: