Research Ethics Committee
Central Philippine University

INFORMED CONSENT FORM (ICF)

(VERSION No. 01-2021)

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THEIR STUDY

Title of the Study:

Name of Researcher/s:

Research Adviser:

Department/College:

Institution:

2. INTRODUCTION

I am/We are _____, _____ year _____students of _____ who is/are currently conducting a study on _____. Am giving you information regarding this study as an invitation (or allow your child) to participate in this study.

3. BACKGROUND AND PURPOSE OF THE STUDY (BRIEF INTRODUCTION- ONE PARAGRAPH IS ENOUGH)

The purpose of the study is. _____. The results of this study will _____.

4. PROCEDURE OF THE STUDY

Before you decide to participate (or allow your child to participate) in this study, you will be given enough time to read and understand the contents of the informed consent. Your questions will be answered to your satisfaction. The study will begin once the informed consent form has been signed. The study will include _____ parts (describe). Each participant will be assigned an ID number only known to the researcher(s). The name of the Participants will not be written or included in the forms that will be filled in by the researcher. _____ (describe other procedures). The above-mentioned procedure has been primarily made and intended for the purpose of this study. All information gathered during this study will be private and strictly confidential.

5. VOLUNTARINESS OF PARTICIPATION

Your participation/ your child's participation in this study is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

6. RISKS AND INCONVENIENCES

During the conduct of the study, you will be _____ (describe what the participant is going to do). (Add, if applicable: There is a possibility that certain topics might come out which may cause anxiety, distress, and agitation).

7. BENEFITS

This study might help _____.

8. COSTS AND COMPENSATION

There is no amount that the participant needs to pay in joining this study.

There is also no compensation of any form that will be granted to the participant of this study

9. PROVISION OF INJURY OR RELATED ILLNESS

During the conduct of the (describe the procedure, e.g. interview, there is a possibility that certain topics may cause anxiety, distress and agitation. If this occurs, the researcher will _____) (what the researcher will do).

10. PRIVACY AND CONFIDENTIALITY

All the information gathered is solely for the purpose of this study. The identity of the participants will be kept private and confidential to the extent provided by law. Their information will be assigned an ID number. The data collected will be stored with utmost respect for their privacy and confidentiality. The electronic copy of the data will be kept in a computer that only the researcher(s) has/have access to. Hard copies will be stored _____ (where) that only the researcher(s) will have access to. The data collected will be stored for _____ (how long?) and will be destroyed after that period of time. The results of this study will be _____ (presented where?

11. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may contact the researcher:

Principal Investigator: _____(bold, all caps)
Address: _____(bold)
Contact number: _____(bold)
E-mail: _____(bold)

If you have questions pertaining to your rights as a participant, you may contact:

Chair, CPU Research Ethics Committee
Email: researchethics@cpu.edu.ph
Phone: 329-1971 (local 3336)

12. CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print name of participant_____
Signature of participant _____
Date _____
day/month/year

Statement by the researcher/person taking consent (if applicable)

I confirm that the participant was given an opportunity to ask questions about the

study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____
Signature of Researcher /person taking the consent_____
Date _____