NORTHRISE UNIVERSITY

INFORMED CONSENT FORM

STUDENT RESEARCH

Title of the Research Study:.....
.....

Researcher Contact Information

Name of Researcher:.....

Name of Institution: ……

Your Email:……

Phone Number:.....

Introduction

You have received an invitation to take part in a study. Prior to consenting to participate, it is crucial that you comprehend the study's objectives, the nature of your involvement, and any possible risks or advantages. Please take your time reading this form, and don't hesitate to ask any questions.

Purpose of the Study

The Purpose of the study is:……
……..

a. The following are the objectives of the research study:
    1. …….
    2. …….
    3. …….

What is involved if you agree to participate in this study will include:

a. Tasks:……
……
b. Time (duration):……..

Data security

Your responses will be confidential and anonymous. The data will be stored securely and only used for research purposes, where no third party will have access.

Confidentiality and Data Anonymity

Your personal information and responses will be kept confidential and anonymized.

a. Confidentiality will be upheld by:……

……
……

b. Data Anonymity will be upheld by:……
……
……

Voluntary Participation

Participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits.

Potential Risks and Benefits

a. Potential Risks

The potential risks involved in participating in this study are: (E.g. emotional distress, discomfort, or confidentiality concerns: If none, state below that "There are no known risks associated with this study."

Potential risks statement:……
……
……

b. Potential Benefits

Describe any potential benefits to participants, organization or society, such as contributing to knowledge or skill development or any other.

Potential Benefits statement:……
……
……

Consent Statement

I attest that I have read and comprehended the information by signing below. I willingly consent to taking part in this research.

Participant's Full Name: …….

Participant's Signature: ……..Date:……..

Researcher's Full Name:……

Researcher's Signature:……..Date:……

For any questions or concerns regarding this study, please contact me on the above stated information

OR

Supervisor's Name:……

Supervisor's E-mail:……