

**PAPRSB INSTITUTE OF HEALTH SCIENCES**

**UNIVERSITI BRUNEI DARUSSALAM**

**Consent Form**

**Project Title:**

|  |
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| **Research Investigators & Organisation:** |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal Investigator)  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Information of the Principal Investigator:** |
| Name, Office Address, Office Phone Number and Email Address |

I hereby acknowledge that:

|  |  | Yes | No |
| --- | --- | --- | --- |
|  | My signature is my acknowledgement that I have agreed to participate in the research titled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”. |  |  |
|  | I have read or have been explained and understand the information and research procedure written in the information sheet given to me. |  |  |
|  | I agree that the interview/focus group/observation conducted during the research will be audio/video-taped (*please add if appropriate*). |  |  |
|  | I am free to withdraw from the study at any time before data analysis. It is entirely my choice whether or not to inform the Principal Investigator the reason for withdrawal. I understand the withdrawal will not adversely affect me in any way. **OR**  I am aware that my information cannot be withdrawn or excluded from the data as these are taken anonymously. (*This phrase might be needed if data are collected anonymously. Please edit accordingly.*) |  |  |
|  | I agree that information provided by me will be used only for this research. |  |  |
|  | I agree that manuscript(s) may be produced from this research and published accordingly, and my identity will be kept confidential. |  |  |
|  | I have read or have been explained and understood the information in this consent form. Any questions that I had have been duly answered. |  |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature (Participant)\* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Signature (Researcher) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

\* This consent form will be signed in two copies. A copy of this consent form will be kept by researchers and the other will be given to the signed participant.