**Information Sheet**

*In this document, there may be some statements that you do not understand. Please ask the principal investigator or her representative to give you explanations until they are well understood. To help your decision making in participating the research, you may bring this document home to read and consult your relatives and intimates.*

**Title of Research Project:**

**Name of Researcher:**

**Work place address**:

**Tel:**

**E-mail:**

**Source of funding:**

**Research objective**

This research project aims to

**Why you are asked to participate**

You are invited to participate in this research project since you have experience of …………………………. There will be about …………….. participants, and the research will last for (Add the total time of the study and specify (MM/YY to MM/YY)).

**How you would participate**

**(For The interview)**

If you decide to participate in the research project, you will be interviewed by ………………………………., about ……………………………………………………………. Or these are some of the questions that we will explore:

1. …..
2. ……

The interview will take place in a location chosen by you at a time that suits you. The interview is estimated to last between ……. hours. The interview will be conducted in …………………………….. If you approve, the interview will be tape-recorded. Your name and address will not be recorded.

**Benefits of participation**

The hope is that the findings of this study will contribute to ………………………………………………….

**Risks of participation**

Participating in the study means that you may share sensitive information and we may talk about topics that can be experienced emotionally and some questions may create uneasiness or discomfort. You always have the right to choose not to answer any question, and you can choose to cancel the interview at any time or take a break.

If relevant information arises about benefits and risks of the research project, the researcher will inform the participant immediately and without concealment.

**Handling of private information**

Any private information that would make it possible to identify you will be kept confidential and will never be included in any sort of report. Only the researcher, her supervisor and project advisor will analyze the information, and information about you will be treated so that unauthorized persons cannot access them.

**Compensation for participation**

When participating in this research project you will be compensated with……………………..….THB.

No expenses by you as a participant are required.

You are free to decide whether to participate or not. As a participant, you have the right to withdraw from the project at any time without prior notice, and the refusal to participate or the withdrawal from the research project will not at all affect any service or treatment. However, if you experience uneasiness or discomfort due to participating in the research project, the researcher is happy to answer all of your questions or concerns. If you have comments, complaints, or questions about this research, please feel free to call me at home:………………………………… or work:……………………………………

On the condition that you are not treated as indicated in this information sheet, you can contact the Chairman, Ethics Committee for Human Research Bangkok University at the office, Research Institute for Creative Economy, Bangkok University, Tel : 02-407-3888 Ext. 2818, 2819.

Sincerely,

Name of Researcher

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[Place and date]