**Informed Consent Form**

 Date………………………..

I…………………………………………….….. Age…………………. hereby submit the consent form to verify the following statements:

1. I agree to participate voluntarily and willingly in [*name*]’s research study entitled : …………………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………………………
2. I confirm that I have clearly been notified by the principal researcher, via the information sheet, regarding research objectives, methods, potential harms, protection measures, and benefits to receive from the said research study.
3. I understand that anonymity will be ensured in the write-up by disguising my identity. Study findings will be presented only in summary form with my name not revealed in any report.
4. I understand that I am free to refrain from providing any information, and to withdraw from the study, without repercussions, at any time before or during the study.

I hereby read thoroughly and understand clearly the statements in this consent form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person giving consent/ Date Signature

parent/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal researcher Date Signature