SAMPLE
TRINITY COLLEGE DUBLIN
INFORMED CONSENT FORM

LEAD RESEARCHERS:

BACKGROUND OF RESEARCH: (explain the background, context and relevance of the research)

PROCEDURES OF THIS STUDY: (explain what will happen in this particular study, including duration and risks to the participant)

PUBLICATION: (explain the intended publication and presentation venues for the research)

Individual results may be aggregated anonymously and research reported on aggregate results.

DECLARATION:

- I am 18 years or older and am competent to provide consent.
- I have read, or had read to me, a document providing information about this research and this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction and understand the description of the research that is being provided to me.
- I agree that my data is used for scientific purposes and I have no objection that my data is published in scientific publications in a way that does not reveal my identity.
- I understand that if I make illicit activities known, these will be reported to appropriate authorities.
- I understand that I may stop electronic recordings at any time, and that I may at any time, even subsequent to my participation have such recordings destroyed (except in situations such as above).
- I understand that, subject to the constraints above, no recordings will be replayed in any public forum or made available to any audience other than the current researchers/research team.
- I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights.
- I understand that I may refuse to answer any question and that I may withdraw at any time without penalty.
- I understand that my participation is fully anonymous and that no personal details about me will be recorded.
- <If the research involves viewing materials via a computer monitor> I understand that if I or anyone in my family has a history of epilepsy then I am proceeding at my own risk.
- I have received a copy of this agreement.
PARTICIPANT’S NAME:

PARTICIPANT’S SIGNATURE:

Date:

Statement of investigator’s responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

RESEARCHERS CONTACT DETAILS:

INVESTIGATOR’S SIGNATURE:

Date: