

# **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:**