

Research Consent Form

For Participation in Psychological Studies

Study Title: _____

Principal Investigator: _____

Institution: _____

Contact Information: _____

Purpose of the Study

You are being asked to participate in a research study conducted by the above investigator. The purpose of this study is to *describe the main objective in simple terms.*

Procedures

If you agree to participate, you will be asked to:

- *List the main research tasks (e.g., complete questionnaires, interviews, behavioral tasks, etc.)*
- The total time commitment is expected to be _____ minutes/hours.

Potential Risks and Discomforts

The risks associated with participation are:

- *Describe any physical, psychological, or privacy risks.*
- If you experience discomfort, you may stop at any time.

Benefits

While there may not be any direct benefit to you, your participation will help us better understand *research area.*

Confidentiality

Your responses will remain confidential and will be only used for research purposes. Data will be stored securely and only accessible to the research team.

Voluntary Participation

Participation in this study is voluntary. You have the right to refuse or withdraw at any time without penalty or loss of benefits.

Contact Information

If you have any questions about this study, please contact *investigator's name and contact information.* For concerns about your rights as a research participant, contact *ethics board contact.*

Consent Statement

By signing below, you indicate that you have read and understood the above information, had any questions answered, and voluntarily agree to participate in this study.

Participant's Name (printed): _____

Participant's Signature: _____

Date: _____