

Ethnographic Research Consent Form

Project Title: [Insert Project Title Here]

Researcher(s): [Insert Researcher Name(s) and Contact Information]

Institution: [Insert Institution/Organization Name]

Introduction

You are invited to participate in a research study conducted by [Researcher Name] as part of [Institution/Organization]. The purpose of this ethnographic study is to [briefly describe the aim of the research].

Purpose of Study

This research aims to explore [describe purpose and objectives]. Your experiences and perspectives are valuable to understanding [describe topic].

Procedures

If you agree to participate, you will be asked to [describe what participation involves, such as interviews, observations, audio/video recordings, etc.]. Participation is expected to take approximately [time commitment].

Voluntary Participation

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

Confidentiality

All information collected in this study will be kept confidential. Your identity will be anonymized in any publication or presentation of the data. Data will be securely stored and only accessible to the research team.

Risks and Benefits

There are minimal risks associated with this research. [Describe any potential risks]. Although there may be no direct benefit to you, your participation will contribute to understanding [research topic].

Right to Refuse or Withdraw

You can refuse to answer any questions and may withdraw from the study at any time.

Contact Information

If you have any questions about this research, please contact [Researcher Name, Email/Phone Number]. For questions about your rights as a research participant, contact [Provide appropriate ethics committee contact].

Consent

I have read and understood the information provided above. I voluntarily agree to participate in this study.

Participant Name: _____

Participant Signature: _____

Date: _____

Researcher Name: _____

Researcher Signature: _____

Date: _____