Informed Consent Form for Data Collection

This **Informed Consent Form** is designed to provide you with information about the study so that you can decide whether you wish to participate. Please read this document carefully and ask any questions you may have before agreeing to take part.

1. Study Title

[Insert Study Title Here]

2. Purpose of the Study

The purpose of this study is to [briefly describe the objective(s) of the research].

3. Procedures

If you agree to participate, you will be asked to [briefly describe what participants will do, e.g., complete surveys, participate in interviews]. Participation will take approximately [insert duration].

4. Risks and Discomforts

The potential risks or discomforts associated with this study include [describe any foreseeable risks]. If you feel uncomfortable, you may stop participation at any time.

5. Benefits

While there are no direct benefits to you, your participation will contribute to [describe societal, scientific, or personal benefits].

6. Confidentiality

All information collected will remain confidential. Data will be stored securely and only accessible to the research team. Your identity will not be revealed in any reports or publications.

7. Voluntary Participation

Participation is entirely voluntary. You may decline to participate or withdraw from the study at any time without penalty.

8. Contact Information

For questions about the study or your rights as a participant, you may contact:
[Principal Investigator Name]
[Email Address]
[Phone Number]

9. Consent

I have read and understood the information provided above. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this study.

Participant Name: _____

Signature: _____

Date: _____