

GRODNO STATE MEDICAL UNIVERSITY

Filling Participant Consent Form

__(Research Topic Name)_____



Consent to take part in Research

| • | I(Name Of the participant) |
|--|--|
| • | I have had the purpose and nature of the study explained to me and I have had the opportunity to ask questions about the study. |
| • | I understand that participation involves |
| | |
| • | I understand that I will not benefit directly from participating in this research. I agree to my interview/ examination/investigation being audio-video recorded or photographed. I understand that all information I provide for this study will be treated confidentially. |
| • | I understand that in any report on the results of this research my identity will remain anonymous. This will be done by |
| | changing my name or de-identification or censoring and disguising any details which may reveal my identity or the |
| | identity of people I speak about. |
| • | I understand that extracts from my interview/examination/investigations may be quoted/used in(Research Topic |
| | Name) if published. |
| • | I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission. |
| • | I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above. |
| • | I understand that I am free to contact any of the people involved in the research to seek further clarification and information. |
| Signature of research participant: | |
| S | ignature of participant Date |
| Signature of researcher: I believe the participant is giving informed consent to participate in this study | |
| - | Signature of researcher Date |