**INFORMED CONSENT FORM—SAMPLE 1**

*(Primarily for Quantitative Studies)*

*(Name the group for whom this consent form is written.)*

“*(Your study title*)”

My name is *(name of investigator)*, and I am a *(graduate student, faculty member, etc.)* at Adventist International Institute of Advanced Studies (AIIAS), Silang, Cavite, Philippines. I am inviting you to participate in a research study. The study is about *(state the research purpose, data collection methods and analyses; and dissemination plans—article, thesis, dissertation, etc.).*

As part of my data collection procedures, I am soliciting voluntary participation from you. This means, you may choose to participate or not. You will be asked to *(state what the participant will be asked to do; for example, respond to a questionnaire, interview, clinical procedures, etc.).* This will take approximately *(\_\_\_\_\_\_ minutes/hours)* of your time. *(Give the specific time for each data collection procedure as applicable. If audio or video- recording, participants, mention the details).*

All information will be kept *(either confidential, in the case where participants' identities need to be retained or can be associated with their responses, or anonymous and confidential, in the case where data collection does not allow responses to be connected with a particular participant. Give an explanation of how this will be done. For example, if anonymous, this means that your name will not appear anywhere and no one except me will know about your specific answers. In my writing or any presentations, I will use a made-up name for you, and I will not reveal identifying details about you. If confidential, I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant. Data will be treated in aggregate.)*.

The benefit of this research is that you will be helping to *(explain the* *benefit of the research).* Possible risk of physical or mental harm for participating in this study is *(nill/minimum—explain the procedures you will use to minimize the risks.).* If you have any questions about participation in this study, you may contact me at *(your email address/phone no.).* You may also contact my supervisor *(your supervisor’s name)*, at AIIAS *(email address/phone no.).*

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This study was approved by the Ethical Review Board of AIIAS. If you agree to participate in this research study after fully reading and understanding the statements above, please sign below to indicate your acceptance to participate. If you wish to have a copy of this informed consent form for your future reference, you may cut the above segment of this form or ask for a copy.

(Title of the study)

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Name of Participant Signature Date

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Name of Principal Investigator Signature Date