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Consent Form for Research Survey

**Title of the Study:**[Title of the Research Study]

**Principal Investigator:**[Researcher's Name]  
[Institution/Organization]  
[Contact Information]

**Introduction:**You are being invited to participate in a research survey conducted by [Researcher's Name] at [Institution/Organization]. This study aims to [briefly describe the purpose of the study]. Your participation is entirely voluntary.

**Purpose of the Survey:**The purpose of this survey is to [explain what the survey is about and why it is being conducted].

**Procedures:**If you agree to participate, you will be asked to complete a survey that will take approximately [duration] to complete. The survey will include questions about [briefly describe the topics covered in the survey].

**Risks and Discomforts:**Participation in this survey may involve some risks, such as [list any potential risks or discomforts]. However, these risks are minimal and are similar to those encountered in everyday life.

**Benefits:**While there may not be direct benefits to you for participating, your responses will contribute to [explain how the research could benefit others or advance knowledge].

**Confidentiality:**All information collected during this survey will be kept confidential. Your responses will be stored securely and will only be accessible to the research team. Results will be reported in aggregate form and will not include any identifying information.

**Voluntary Participation:**Your participation in this survey is entirely voluntary. You may choose to withdraw at any time without penalty.

**Contact Information:**If you have any questions or concerns about this study, please contact [Researcher's Name] at [Contact Information].

**Consent Statement:**By signing below, you are indicating that you have read and understood the information provided above, and you consent to participate in this research survey.

**Participant's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_