# Guidelines on Participant

# Information Sheet & Consent Form

(For Social, Behavioural and Educational Research studies)

*Please provide answers under these headings (from page 1 to 3) to write your informed consent.*

*Please include your* ***version number and date*** *(e.g. Version 1 dated dd/mm/yyyy) on the right footer of every page of the document.*

1. **Protocol title**

*(Please include the full protocol title as used in the CDE ERC Application Form. A simplified title within brackets can be included if the protocol title is too technically worded.)*

1. **Principal Investigator and co-investigator(s), if any, with the contact number and organization:**

PI: <Insert supervisor’s name>

Contact number: <Insert supervisor’s office number>

Organization: [Department of XXX], College of Design and Engineering, National University of Singapore

Co-PI: <Insert student’s name>

Contact number: <Insert student’s preferred contact number>

Organization: [Department of XXX], College of Design and Engineering, National University of Singapore

1. **What is the purpose of this research?** *(Explain research briefly in layman’s terms)*

*(Please start with this opening paragraph.)* You are invited to participate in a research study. This information sheet provides you with information about the research study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this research to you and answer all of your questions. Read the information below and ask questions about anything you don’t understand before deciding whether or not to take part.

1. **Who can participate in the research? What is the expected duration of my participation? What is the duration of this research?**

(Please state inclusion and exclusion criteria e.g. age, gender, health status etc.)

Here, students can refer to sections 6.2, 6.3, 6.4, and 6.5 of the CDE ERC application form.

1. **What is the approximate number of research participants involved?**

Here, students can refer to section 6.1 of the CDE ERC application form.

1. **What will be done if I take part in this research study?**

*(Please describe the research procedures to be followed by the participant)*

Here, students can refer to section 4.1 of the CDE ERC application form.

1. **How will my privacy and the confidentiality of my research records be protected?**

*For example:* Only the principal investigator has your personal data (e.g. names and contact information,) and this will not be released to any other person, including members of the research team. Personal data will never be used in a publication or presentation. All identifiable research data will be coded (i.e. only identified with a code number) at the earliest possible stage of the research. Personal data will be discarded <please state when>.

All data collected will be kept in accordance to the University’s Research Data Management Policy. Research data used in any publication will be kept for a minimum of 10 years before being discarded.

For most dissertation studies in [Department of XXX] that do not collect personal data, the below paragraphs can be used. However, please do amend if there are differences.

“No personal data is collected in the survey. All data collected will be kept in accordance to the University’s Research Data Management Policy. Research data used in any publication will be kept for a minimum of 10 years before being discarded.”

Should there be collection of personal data, the above paragraphs in black provided by CDE ERC can be used.

1. **What are the possible discomforts and risks for participants?**

(Please provide other details, where relevant**)**

For most dissertation studies in [Department of XXX] that use anonymous surveys, the following can be used:

“No significant discomfort and risks are expected for participants as their participation lies only in the completion of the surveys.**”**

1. **What is the compensation for any injury?**

*(Please state the compensation and/or treatment available to the research participant in the event of research- related injury. If no injury and/or compensation are expected, it should be explicitly stated)*

For most dissertation studies in [Department of XXX] that use anonymous surveys, the following can be used:

“As no significant discomfort and risks are expected for participants, there is no compensation provided.”

(For research studies conducted in Singapore only) If you follow the directions of the PI in charge of this research study and you are injured, the NUS will pay the medical expenses for the treatment of that injury. By giving your consent, you will not waive any of your legal rights or release the parties involved in this study from liability for negligence.

1. **Will there be reimbursement for participation?**

(Please state reimbursement for transport cost and time spent in participating in the research study, if applicable. If there is more than 1 session and reimbursement will be pro-rated, please state so.)

For most dissertation studies in [Department of XXX], the following can be used if applicable:

“There is no reimbursement for participating in the anonymous survey.”

1. **What are the possible benefits to me and to others?**

*For example:* There is no direct benefit to you by participating in this research study. The knowledge gained may benefit the public in the future *(please elaborate)*.

Students should use the sample shown above and elaborate how the results can benefit the public and/or the relevant sector.

1. **Can I refuse to participate in this research?**

*For example:* Yes, you can. Your decision to participate in this research study is voluntary and completely up to you. You can also withdraw from the research at any time without giving any reasons, by informing the principal investigator and all your [*saliva/tissue/data*] collected will be discarded.

Students should use the sample shown above and replace “[saliva/tissue/data]” with “data”.

*For recruitment of patients, please include:* You are entitled to refuse to participate or discontinue participation at any time in this research. Refusal to participate or withdrawal from participation will not affect your medical management or cause loss of benefits to which you are otherwise entitled.

1. **Whom should I call if I have any questions or problems?**

Please contact the Principal Investigator, [*Name*] or Attn: [*Name of co-ordinator*] at **telephone \_\_\_\_\_\_\_ and email \_\_\_\_\_\_\_\_**) for all research-related matters and in the event of research-related injuries.

For an independent opinion specifically regarding the rights and welfare of research participants, you may contact a staff member of the College of Design and Engineering Ethics Review Committee (CDE ERC) at cdebox5@nus.edu.sg.

**Online Consent Form**

*(Please make the necessary research-specific amendments.)*

**Protocol title:**

*(Please include the full protocol title as used in the CDE ERC Application Form. A simplified title can be used if the project title is too technically worded.)*

**Principal Investigator with the contact number and organization:**

*(to state)*

I hereby acknowledge that:

1. I have agreed to take part in the above research.
2. I have received a copy of this information sheet that explains the use of my data in this research. I understand its contents and agree to donate my data for the use of this research.
3. I can withdraw from the research at any point of time by informing the Principal Investigator and all mydata will be discarded. However, for online anonymous surveys, I understand that once I have clicked “Submit”, it is not possible to withdraw as responses cannot be linked back to me.
4. I will not have any financial benefits that result from the commercial development of this research.
5. (*If applicable*) I consent / do not consent\* to have the coded data made available for future research studies. This will be subject to an Institutional Review Board’s approval. To delete if not applicable.
6. *(If applicable)* I *agree / do not agree*\* to be re-contacted for future related studies. I understand that future studies will be subject to an Institutional Review Board’s approval. To delete if not applicable.
7. *(If applicable)* I *agree / do not agree*\* to the photo-taking/ audio-recording / video-recording of my participation in the research. I understand that although my name will be not associated with the photographs/video-recordings used in publication/presentation, I may still be identified. To delete if not applicable.
8. *(If applicable)* I *agree/do not agree*\* for the following personal data to be disclosed in any publication or presentation relating to this research, if any. To delete if no personal data will be collected.

[ ]  Surname [ ]  First name [ ]  Organisation Name [ ]  Position/Designation

[ ]  Disagree (I wish to remain anonymous and only agree to be known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_).

[ ]  I agree to the information provided in the Participation Information Sheet and consent to participate.

[ ]  Disagree. Exit survey.