Informed Consent Form for Psychology Research

Research project title:

_____

_____

Principal investigator:

_____

Institution:

_____

Email address and/or contact phone number:

_____

You are invited to participate in a research study in the field of psychology. Before making a decision, we would like to provide you with clear and sufficient information about the purpose of the study, the activities that may be carried out, and your rights as a participant.

We invite you to read this document carefully. If you have questions, concerns, or wish to receive additional information, you may ask any questions you consider necessary before deciding whether to participate.

Objective:

_____

_____

This research seeks to contribute academic and scientific knowledge regarding the topic under study, as well as to strengthen the psychological understanding of different human experiences.

If you agree to participate, you may be invited to carry out some of the following activities:

☐ Participate in interviews
☐ Answer questionnaires or scales
☐ Participate in focus groups
☐ Participate in observations
☐ Other activities: _____

Voluntary participation
Your participation is completely voluntary. This means that you are entirely free to accept or decline the invitation to participate. Likewise, if at any time you decide to withdraw

from the study, you may do so freely, without having to justify your decision and without any negative consequences, sanctions, or effects of any kind.

Possible risks
The research may involve conversations, questions, or reflections related to personal experiences, emotions, or life situations that could generate mild or temporary emotional discomfort. If during the study you experience significant discomfort, you may inform the responsible researcher in order to stop the activity, suspend your participation, or receive guidance regarding possible support.

Possible benefits
Although no direct benefit is guaranteed for participants, this study may contribute to the development of scientific and professional knowledge in psychology. The possible expected benefits of this research are:

_____
_____

Confidentiality and protection of information
All information provided will be treated confidentially and used exclusively for academic, scientific, and research purposes. Personal data will be protected and will not be disclosed in publications, reports, academic events, or other contexts derived from the study. When results are presented, they will be done collectively or through codes and mechanisms that prevent the identification of participants.

☐ I authorize the anonymous use of the information provided for academic and scientific purposes.

Use of recordings, image, or voice
In some studies, it may be necessary to make audio or video recordings for exclusively academic and research purposes.

Please indicate the corresponding authorizations:

☐ I authorize audio recording during the research.
☐ I authorize video recording during the research.
☐ I authorize the anonymous use of excerpts from testimonies in academic publications.
☐ I do not authorize recordings or the use of image or voice.

Compensation or recognition
☐ I understand that no financial compensation will be provided for participating in this research.

I declare that I have read and understood the information contained in this document. I also state that I have had the opportunity to ask questions and that they have been answered clearly and satisfactorily. I understand that my participation is voluntary and

that I may withdraw at any time without negative consequences. Consequently, I freely express my decision to participate in this research.

Full name:

_____

Identification document:

_____

Participant's signature:

_____

Date:

____ / ____ / _____