DPU DHURAKIJ PUNDIT UNIVERSITY	Human Research Ethics Committee Dhurakij Pundit University
	(Participant Information sheet and Assent Form for participants aged 13 – 17 years)

Instructions for Researchers on Using This Template (Please remove this text box.)

This template is a guide for preparing the Participant Information Sheet and Informed Consent Form fo research involving

in the humanities and social sciences involving research participants aged 13–17 years. This template covers all the necessary sections. Please use it as a guide to prepare the Participant Information Sheet a Informed Consent Form, adapting its contents to suit your specific research project, as follows

- Text in black font is mandatory and must be retained.
- Text in red font must be completed by the researcher to reflect the specific characteristics of their research project.
- Text in blue font [including related red text] may be deleted by the researcher if it is not relev to their research project.
- Once the document is complete, change all text to black.

When preparing the Participant Information Sheet and Informed Consent Form, use clear, simple language appropriate to the participants' level of understanding.

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Research Project

Title.....

.....

Research Funding Source / Research Sponsor [Specify the name of the funding source. If the research has no funding, state “None.”]

Principal Investigator

Name .....

Addres .....

Telephone Number (office and Mobile) .....

Co-Investigator(s) (List the names of all co-investigators.)

Name .....

Addres .....

Telephone Number (office and Mobile) .....

Significance of the Research

[Explain the significance and rationale of the research by clearly addressing the following questions: Why is this research important? What problem does it aim to address? Why is it necessary to conduct this research specifically with “you” (the child participant)? How will the findings benefit others? Avoid technical terms, academic jargon, and foreign words. Keep the explanation brief, concise, and easy to understand.]

Information About Participation in the Research

pacify the eligibility criteria for research participants, such as gender, age, and any specific requirements.Total Number of Participants: [Specify the total number of participants] persons.

Time Commitment: [Specify the duration of participation required for each participant, e.g., 4 weeks / 3 sessions in total.

Voluntary Participation in the Research

Your decision to participate in this research is entirely voluntary. You may choose not to participate, and this will not affect any of your rights. Even if you decide to participate, you may withdraw from the research at any time without any adverse consequences.

The researcher kindly asks you to read the information about this research carefully so that you understand the procedures involved in your participation. If any part of the information is unclear or you do not understand it, the researcher will be happy to explain it until you fully understand and have enough information to decide whether or not to participate. You may also discuss your decision with someone close to you or a trusted family member before deciding whether to participate in this research.

Research Objectives

[Specify what the researcher wants to learn or discover through this research. Use everyday language that everyone can easily understand. Avoid technical terms, academic jargon, and foreign words. Keep the explanation brief, concise, and easy to understand.]

Research Methodology

[Specify how the research will be conducted (e.g., completing questionnaires, interviews, observations/surveys, or an experiment involving different groups). Pictures or tables may be included to make the information easier to understand.]

Alternative Options if You Choose Not to Participate in the Research

[Specify the available alternatives if you choose not to participate in this research (e.g., receiving standard medical treatment, continuing with regular instruction according to the curriculum, or having no alternative because this is an observational study with no direct intervention). If there are no significantly different alternatives, state "None."]

Activities You Will Take Part In

If you agree to participate in this research, you will take part in the following activities [Provide details of all activities involved. If multiple methods are used, describe each method. Pictures or tables may be included to make the information easier to understand.]

Potential Risks

Participation in this research may have certain effects or may make you feel [Specify the potential risks and the measures for managing them arising from the activities involved in the research. Include what may happen, such as possible harm, adverse effects, discomfort, or distress resulting from participation in the research.]

Benefits of the Research

[Specify the anticipated direct and indirect benefits of the research without overstating them. (Ensure that the description is appropriate to the details of the research.) Do not include monetary compensation, travel expenses, or compensation for time under this section, as these are not research benefits.]

Compensation / Expenses for Participation in the Research

[Specify the amount of compensation or any other form of incentive, when it will be provided, and whether participants who subsequently withdraw from the research will still receive compensation.If no compensation is provided, state: "You will not receive any compensation for your time or incur any expenses as a result of participating in this research."]

Compensation in the Event of Harm Resulting from Participation in the Research

In the Event of Harm Resulting from Participation in the Research: If you suffer any harm or injury as a result of participating in the research activities (and not as a result of your own illness or an unrelated event), you have the right to receive compensation. [Specify who will be responsible for covering the costs of compensation.] In the Event of an Adverse Event

Withdrawal from the Research

You may withdraw your consent at any time if you do not wish to continue participating in the research until its completion. Withdrawing your consent will not affect any of your rights.

However, the researcher may discontinue your participation in the research if you are unable to take part in the research activities as scheduled.

Previously collected data may still be used for the research; however, no further data will be collected.

Personal Data Protection and Research Data Sharing

[Specify how data that may affect participants' privacy or reveal their identities will be securely stored and protected.]

The research findings may be presented at academic conferences or published in academic journals. No information that could identify you or be linked to your identity will be disclosed. If any research data are submitted to a database required by an academic journal for sharing with other researchers, the data will be presented in a form that does not identify you or allow the information to be linked to your identity.

Contact Persons for Further Information About the Research or Reporting Adverse Events

If you would like to obtain further information about this research, ask questions about the research procedures, report any problems or adverse events that occur during the research, withdraw from the research before its completion, or express any concerns about the research, you may contact

1. [Please provide the researcher's full name, address, and telephone number or Line ID for convenient contact.] (If the researcher is a student, please also specify the faculty in which they are studying.)

2. [Please provide the research assistant's full name, address, and telephone number or Line ID for contact.] (If the research assistant is a student, please also provide the name of their academic advisor.)

Contact Person for Inquiries About Your Rights as a Research Participant, Violations of Your Rights, or Failure to Comply with This Participant Information Sheet

You may contact the Human Research Ethics Committee Office, Learning Center and Library Building, Building 6, 4th Floor, Dhurakij Pundit University, 110/1–4 Pracha Chuen Road, Thung Song Hong Subdistrict, Lak Si District, Bangkok 10210, Thailand. Telephone: 02-954-7300 ext. 174, 632, or 633 (Monday–Friday, 8:30 a.m.–4:30 p.m., on business days) Email: dpuhrec@dpu.ac.th This is to ensure that your rights, safety, and well-being are protected in accordance with international ethical standards for research involving human participants.

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Informed Consent Form for Participation in Research

I, the undersigned, [Please specify the name of the research participant.]_____have decided to participate in the research study entitled [Research Title] I have received information and an explanation about this research from the person obtaining my consent. I have been given sufficient time to read the information and ask questions of the person obtaining my consent until I am satisfied. I have therefore decided to participate in this research study.

I acknowledge that I may freely refuse to participate in this research and may withdraw from the research at any time during the study without any adverse consequences or loss of any rights or benefits to which I am otherwise entitled.

By signing this document, I do not waive any of my legal rights. After signing, I have received one copy of the Participant Information Sheet and Informed Consent Form.

Signature of the Research Participant_____
Day/Month/Year_____
(_____)

For Research Participants Who Are Unable to Read but Can Understand Spoken Information

I am unable to read; however, the researcher has read the contents of this consent form aloud to me, and I fully understand them. I therefore voluntarily provide my fingerprint on this

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consent form as an indication of my agreement to participate in the research.

Signature/Fingerprint of the Research Participant _____ (_____) Day/Month/Year _____

Signature of the Parent/Legal Guardian of the Research Participant _____ (_____) Day/Month/Year _____

For Research Participants Who Are Unable to Read but Can Understand Spoken Information

I am unable to read; however, the researcher has read the contents of the Participant Information Sheet and Informed Consent Form for this research aloud to me, and I fully understand them. I therefore voluntarily consent to my child/dependent participating in this research study.

Signature/Fingerprint of the Parent/Legal Guardian of the Research Participant _____ (_____) Day/Month/Year _____

DPU DHURAKIJ PUNDIT UNIVERSITY	Human Research Ethics Committee Dhurakij Pundit University
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Signature of the Person Obtaining Consent_____
Day/Month/Year_____

(_____)

Signature of the Principal Investigator_____
Day/Month/Year_____

(_____)

Statement of an Impartial Witness (Applicable Only When the Research Participant Is Unable to Read but Can Understand Spoken Information)

I was present throughout the informed consent process and confirmed that the person obtaining consent read aloud and/or explained the Participant Information Sheet to _____. The above-named individual was given the opportunity to ask questions and voluntarily agreed to participate in the research after receiving and understanding the information provided, as presented in this document.

Signature of the Witness _____ Day/Month/Year _____

DPU DHURAKIJ PUNDIT UNIVERSITY	Human Research Ethics Committee Dhurakij Pundit University (Participant Information sheet and Assent Form for participants aged 13 – 17 years)

(_____
_____)