

INFORMED CONSENT FORM

Thank you for showing an interest in this research. Please read this information sheet carefully before deciding whether to participate. If you decide to participate, I thank you. If you choose not to participate, there will be no disadvantage to you, and I thank you for considering my request.

What is the Purpose of this study?

This research is being undertaken as part of the fulfillment of the course requirements in HMS 300 in completion of the program Master of Science in Human Movement Science (MSHMS) at the College of Human Kinetics, University of the Philippines-Diliman.

This study aims to

What are the benefits of this study to the participants?

The results of this study can benefit the participants by providing comprehensive information about ..

What Type of Participants Are Needed?

This study...

What will Participants be Asked to Do?

If you agree to participate in this research, you will be asked to:

Can Participants Change Their Minds and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself.

What Data or Information will be collected, and What Use will be made of it?

This study aims to ...

Please be informed that the collected data is only accessible to the researcher, thesis advisers, and panel members during the thesis defense.

The results of this project may be published, but any data included will not be linked to any specific participant.

You are most welcome to request a copy of the study results.

The data collected will be securely stored in such a way that only those mentioned above will be able to gain access to it. At the end of the project, any personal information will be destroyed

immediately except that, as required by the University's research policy, any raw data on which the project's results depend will be retained in secure storage for five years, after which it will be destroyed.

What if Participants have any Questions?

If you have any questions about this research, either now or in the future, please feel free to contact:

Pertinent and Incidental Findings

E.g. If you decide to participate, would you like to receive a summary of the findings of this study?

☐ YES ☐ NO

If YES, please provide an email address to where you would like to receive the summary:

Research Details

Title of Research:	
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Researcher

	Student	Thesis Adviser
Name:		
Email:		
Tel. No.:		

Statement of Consent

By signing below, you are indicating that you:

<input type="checkbox"/>	Have read and understood the Information Sheet concerning this study.
<input type="checkbox"/>	Are over 18 years of age.
<input type="checkbox"/>	Have any questions answered to your satisfaction.

<input type="checkbox"/>	Understand that you can request further information from the research team at any stage.
<input type="checkbox"/>	Agree to participate in the study voluntarily.
<input type="checkbox"/>	Understand that you are free to withdraw from the study at any time without any disadvantage
<input type="checkbox"/>	Understand that the data will be destroyed after the study, but any raw data on which the analysis results depend will be retained in secure storage for five years, after which it will be destroyed.
<input type="checkbox"/>	Understand that any data collected may be used in future research activities.
<input type="checkbox"/>	Understand that there are no known risks or discomforts associated with this research
<input type="checkbox"/>	Are compensated with a token for your time and willingness to participate in this research
<input type="checkbox"/>	Understand that the study results may be published, but your anonymity will be preserved.

I agree to take part in this study.

Participant Name:	
Date:	