UNIVERSITY OF SOUTHERN MINDANAO
Insert College
Insert Program

COLLEGE LOGO

INFORMED CONSENT FORM (ICF)

RESEARCH TITLE: *(title of research protocol)*

NAME AND CONTACT INFORMATION OF RESEARCHER
(Write all possible ways to be contacted)

INTRODUCTION

You are invited to participate in a research study conducted by *(name of researcher/s)*, from the ***(insert name of college/program) of the University of Southern Mindanao*** for the reason that you fit the inclusion criteria as a participant/respondent of our study.

If you wish to participate, it will be completely voluntary. Before fully deciding whether to participate or not, I/we would like you to read the information given below. If you have questions, concerns or do not understand something stipulated within this form, do not hesitate to ask me/us. Do take as much time as you need to read and understand the consent form.

If you decide to participate, you will be asked to sign this consent form. A copy of this form will be given to you. Rest assured that the survey questionnaire does not contain your name or any identifiable information with you being an informant.

[Please provide responses to ALL questions below. These are ALL required in the Consent Form. Delete this note in the final copy.]

WHAT IS THE PURPOSE OF THIS STUDY?
(Describe briefly)

WHAT WILL YOU BE ASKED TO DO?
(Explain briefly, focus on the ethical aspect)

WHERE WILL THE STUDY TAKE PLACE?

HOW LONG WILL YOU BE IN THE STUDY?

WHAT ARE THE POTENTIAL RISKS, ADVERSE EVENTS AND DISCOMFORTS?
(Do NOT leave blank.) and IMPORTANTLY: explain HOW you will mitigate or minimize these risks.)

HOW WILL POTENTIAL RISKS, ADVERSE EFFECTS AND DISCOMFORTS BE MITIGATED?
(Explain HOW you will mitigate or minimize the risks you mentioned in the previous question.)

HOW WILL THE STUDY POTENTIALLY BE OF BENEFIT TO YOU AND/OR TO SOCIETY?
(Describe briefly)

HOW WILL YOUR IDENTITY/NAMES BE PROTECTED?
(Describe briefly)

WHAT HAPPENS IF YOU CHOOSE NOT TO PARTICIPATE?

WHAT CAN YOU DO TO SHOW THAT YOU WANT WITHDRAW FROM THE STUDY?

INVESTIGATOR'S CONTACT INFORMATION
(Write all possible ways to be contacted)

RIGHTS OF RESEARCH PARTICIPANT

If you have questions, concerns, or complaints about your rights as a research participant, respondent or the research in general, please contact the University of Southern Mindanao Research Ethics Committee at 0951-645-1274 or via email at reco@usm.edu.ph.
*[**DO NOT** change the email above. It should still be reco@usm.edu.ph. Delete this note in the final copy.]*

RESEARCH PARTICIPANT'S CONSENT

I, the research participant/informant/respondent, have read the information provided above. I have been given the chance to clarify and be informed of this study. My questions, if any, have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form and I am fully aware that I have the right to withdraw my consent at any time and discontinue my participation without penalty.

_____	_____
Signature of Participant **(Thumbmark if unable to sign)**	**Date Signed**

RESEARCHER/S OBTAINING CONSENT

I/we have explained the entirety of the research to the participant/informant/respondent and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consent to participate in this research study.

Name and signature of Researcher

APPROVED BY:

Name and signature of Adviser

Note: Adviser or supervisor must place fresh signature (use blue ballpoint pen) above. **DELETE** this note in the actual Form..