

[Other logos may be entered – e.g., Research Centre]

INFORMED CONSENT

(For studies where there is **no** processing of personal data of the participants)

This study is part of a research project taking place at **Iscte – Instituto Universitário de Lisboa**, (if funded, indicate the entity and respective references). The study aims to _____ (succinctly and clearly describe the aim).

The study is conducted by _____ (indicate the name of the investigator and her/his e-mail), who you may contact to clear up any doubts or share comments.

Your participation in the study, which is highly valued as it will contribute to the advancement of knowledge in this field of science, consists of _____ (succinctly and clearly describe the type and duration of the tasks to be carried out by the participant). There are no expected significant risks associated with participation in the study (if they do exist, indicate what they are and which measures have been taken to mitigate/control their effects).

Participation in the study is strictly **voluntary**: you may choose freely whether to participate or not to participate. If you have decided to participate, you may stop your participation at any time, without having to provide any justification. In addition to being voluntary, your participation is also **anonymous** and **confidential**. The obtained data are merely intended for statistical processing and none of the answers will be analysed or reported individually. At no point of the study will you be asked to identify yourself.

I declare that I have understood the aims of what was proposed to me, as explained by the investigator, that I was given the opportunity to ask any questions about this study and received a clarifying reply to all such questions, and **accept** participating in the study.

_____ (place), ____/____/_____ (date)

Name: _____

Signature: _____

(IF THE ACTUAL PARTICIPANT DOES NOT SIGN DUE TO AGE OR INABILITY (see Articles 7 - “Minor participants” and 8 - “Adult participants who are unable to provide informed consent” of Law 21/2014 of 16 April)

(minors who are able to understand should also sign the document, expressing their assent)

Name: _____

Identification Document number: _____ **Date or expiry:** ____/____/____

Legal representative: _____

(if a relative, indicate the degree of kinship, bearing in mind that the authorisation must be signed by the legal representative, who might not be one of the parents or another relative)

Signature: _____