

AF 03-07

**Informed Consent Form**

**(Please specify group of participants)**

Date...........................................................……….

I, .....………………………...….............………........................................,. age …...……............ years old,

live at house number……...................road………..................………sub-district………………..........…...............

district…………………......………………. province ........................................ postal code..........…………............,

telephone.............................................................., e-Mail ............................................................................,

consent to join the research project entitled (please specify research project title)

I have received the details background, objectives of the research, outline of the questions in the questionnaire/interview guideline, expected benefits from the research, the risks that may occur from research participation, guideline of risk prevention and solution and remuneration/ gift/knowledge for participants. I read and acknowledge the content of the research participants thoroughly. The research project leader, in addition, has explained and answered all questions clearly.

I was informed of rights, information, benefits, and risks for research participation. I understand that I can withdraw or stop participating in the research at any time and it will not affect me in any way in the future.

I allow the researcher to use information from me but not allow to be disclosed to the public on an individual basis. The results will be presented as an overall data from the research only.

I understand all information in the participant information sheet and informed consent form thoroughly. I, therefore, sign in the informed consent form and have the right to request a copy of this document from the researcher.

Signature………………………………………..Participants or Key Informants or

Legal Representative

(..……….………….............................)

Date…………………………………………………..

Signature………………………………………..Research Project Leader or

Information Provider and Consent Request

(Click or tap here to enter text.)

Date………………………………………………….