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**Informed Consent Form (ICF)**

**INSTITUTIONAL ETHICS COMMITTEE (IEC)**

Faculty :

Title of Project :

Name of Researcher :

Name of Co-Researcher(s) :

(For a student’s research project)

Name of Supervisor :

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| 1. I confirm that I have read and understand the Participant Information Sheet and the questionnaire for the above study.
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| 1. I have had the opportunity to consider the information and ask questions; I am satisfied with the answers given to me.
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| 1. I understand that my participation is voluntary and I am free to withdraw at any time without giving any reason and without my medical care or legal rights being affected.
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| 1. I understand that relevant sections of my data collected during the research project may be looked at by authorised individuals from UCSI University and specific relevant regulatory authorities. I give permission for these individuals to access my records.
 |
| 1. I hereby grant consent and permission to the researcher for using my data and images in teaching, a research project report, dissertation or thesis, or scientific publications and presentations. I understand that the researcher will be responsible for ensuring that all published data and images will protect my best interest.
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| 1. I agree to participate in the above research project.
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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Participant |  | Date |  | Signature |
|  |  |  |  |  |
| Name of Person taking consent(If not the researcher) |  | Date |  | Signature |