**Participant Consent Form**

I, ...........................................................................................[Print Name], give consent to my participation in the research project

TITLE: *write title of your research project*

In giving my consent I acknowledge that:

1. I have read the Participant Information Statement and discussed my involvement in the study with the researcher.
2. The researcher explained to me:

* The procedures associated with the study.
* The duration of my participation in the Study.
* The implication of any risk, discomfort or side effect resulting from my participation.
* All other questions I had about the project have been answered to my satisfaction.

1. I understand that being in this study is completely voluntary – I am not under any obligation to consent.
2. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.
3. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the national Defence College now or in the future.
4. I understand that I can stop my participation in the study at any time if I do not wish to continue.
5. I consent to:

* Audio-recording YES 🞏 NO 🞏
* Receiving Feedback YES 🞏 NO 🞏

If you answered YES to the “Receiving Feedback” question, please provide your email address.

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature Please PRINT name Date

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| **Name of Researcher / name of supervisor (if applicable)**  *Researcher / Supervisor*    **(***Researcher email***)** | In Case of any issues, please contact NDC Research Department at:  researchdepartment@ndc.ac.ae |