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Verbal Consent Information Form
(A Verbal consent is only taken)

Hello, my name is {insert your name, role in the research, institutional affiliation}. You have been chosen at random to be in a study about {describe study}. This study involves research whose purpose is to {give purpose of study}. This will take {insert how much time is involved} of your time. If you choose to be in the study, I will {insert study procedures} and you will be expected to {insert participant expectation}. [Also identify any procedures that are experimental if applicable]

There are no foreseeable risks or benefits to you for participating in this study. There is no cost or payment to you. If you have questions while taking part, please stop me and ask. We will do our best to keep your information {anonymous or confidential} but we cannot guarantee absolute {anonymity or confidentiality}. We will link your answers to you initially by {give procedures if applicable} but this link will be removed later in order to protect you.

If you have questions about this research study you may contact {principal investigator name} at {phone number} or contact {give alternate name if applicable} at {alternate phone number} in the event of a research related injury. If you feel as if you were not treated well during this study, or have questions concerning your rights as a research participant call The Secretary/Chairperson KNH-UoN ERC on Tel. No. 2726300 Ext 44102.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. May I continue?

I certify that I have consented the participant (code no.) _____

Researcher's name: _____

Signature: _____

Date: _____