

Consent to Participate in a Research Study

Below is a sample Consent Form for quantitative research. However, different types of quantitative studies may require other details. **Hence, adapt this sample to fit your own research. You are free to change the wording as long as all required elements of informed consent are included.**

You are being asked to participate in a research study entitled: ([insert the study title](#)).

The information below tells you about what is involved in the research, what you will be asked to do, and the potential risks and benefits of participating in this study. You are encouraged to ask questions and seek clarification about the nature of the study. Please note that choosing whether to participate in this research is voluntary and entirely your choice.

The purpose of this study: ([give a BRIEF sentence about the purpose](#)).

Participation: To participate in the study, you will be asked to fill out a questionnaire that has ([number](#)) items. Finishing the questionnaire should take approximately ([amount of time for average person to complete](#)) minutes. ([Add other study procedures if applicable, and state what participants have to do.](#))

Voluntary Nature of Participation: Your participation in this study is voluntary. If you sign the bottom of this Form, it means that you are giving your consent to be in the study. If you do not want to participate in the study, do not begin to fill out the questionnaire or participate in other research activities. If you start to fill out the questionnaire and decide you do not want to participate, stop filling it out and give it to the researcher. There is no penalty for not participating, and your questionnaire will not be used.

Benefits and Risks: If you participate, you will contribute to knowledge about ([briefly state the benefits of this knowledge](#)), which may help to ([give a brief statement of benefits](#)). There are no identifiable risks in participation ([or, if there are risks, discuss them here](#)).

Confidentiality: Your personal information will be kept confidential. You will NOT write your name on the questionnaire and this Form is separate from the questionnaire—this ensures that your identity will not be revealed. No one other than the researcher(s) will have access to the data, and all data will be stored on a password-protected computer.

Questions about the Study: The researcher will answer any questions you have about the study, and you should ask them now by emailing or calling the researcher, whose contact information is listed at the bottom of this letter.

If you have any ethical concerns about your participation in this research, contact the Institutional Scientific Ethics Review Committee, Adventist University of Africa <ethics@aua.ac.ke>

I have read and fully understood the statements on this Form. All my questions were answered satisfactorily. I voluntarily agree to participate in this study.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Contact the supervisor of the research if you need more information or have questions: ([List your AUA Programme Director's name and email address here](#))

Thank you.
([Include your name, programme and contacts](#))