Please customize this Template Informed Consent for Interviews to your research project; **pay particular attention to updating the text in red and delete this section**. The final form content should be in black.

*Consent to participate in an Interview*

*Insert title of the project*

*I would like to invite you to participate in a research project by completing an interview. (I am a student at the Lebanese American University and I am completing this research project as part of my ………………….). The purpose of this interview is to…………..*

*There are no known risks, harms or discomforts associated with this study beyond those encountered in normal daily life. The information you provide will be used to enhance and improve …………….. . You will not directly benefit from participation in this study. The study will involve (please add number of participants) participants. Completing the interview will take …… minutes of your time.*

*By continuing with the interview, you agree with the following statements:*

1. *I have been given sufficient information about this research project.*
2. *I understand that my answers will not be released to anyone and my identity will remain anonymous. My name will not be written on the questionnaire nor be kept in any other records.*
3. ***When the results of the study are reported, I will not be identified by name or any other information that could be used to infer my identity.*** *Only researchers will have access to view any data collected during this research however data cannot be linked to me.*
4. *I understand that I may withdraw from this research any time I wish and that I have the right to skip any question I don’t want to answer.*
5. *I understand that my refusal to participate will not result in any penalty or loss of benefits to which I otherwise am entitled to.*
6. *I have been informed that the research abides by all commonly acknowledged ethical codes and that the research project has been reviewed and approved by the Institutional Review Board at the Lebanese American University*
7. *I understand that if I have any additional questions, I can ask the research team listed below.*
8. *I have read and understood all statements on this form.*
9. *I voluntarily agree to take part in this research project by completing the following interview.*

**The below applies only for recorded interviews, please delete the text in red if no recording is conducted. Please make sure you adapt to reflect the proper recording modality of your study: audio or video.

CONSENT TO ALLOW (AUDIO? VIDEO?)-RECORDING DURING INTERVIEW**

I freely give my consent to allow the research team to record my interview. All of my questions regarding the recordings have been answered to my satisfaction. I know that I may refuse to allow my input today to be recorded in any way and that I may withdraw from the session at any time. **I freely give my consent to allow my input to be recorded through audio?video?-recordings.**

I agree to have my interview audio?-video?-recorded ☐

I do NOT agree to recording, and request note-taking only ☐

**CONSENT TO TAKE PART IN THE STUDY**

I have carefully read the above information about this study. All of my questions have been answered to my satisfaction. I know that I may refuse to take part in or withdraw from the study at any time. **I freely approve the content of this form and give my consent to take part in this study.** I understand that by signing this form I am agreeing to take part in the study. I have received a copy of this form to take with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date (dated by the participant)

**STATEMENT OF PERSON OBTAINING CONSENT**

I certify that I have fully explained to the person taking part in the study the nature of the above research study, the potential risks and benefits and I have offered to answer any question that he/she may have.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator/Designate Date

Name of Principal Investigator/Designate

*If you have any questions about this study, you may contact:*

|  |  |  |
| --- | --- | --- |
| *Name (PI)* | *Phone number* | *Email address* |
|  |  |  |
|  |  |  |

*If you have any questions about your rights as a participant in this study, or you want to talk to someone outside the research, please contact the:*

*Institutional Review Board Office,*

*Lebanese American University*

*3rd Floor, Dorm A, Byblos Campus*

*Tel: 00 961 1 786456 ext. (2546)*

*irb@lau.edu.lb*