College of the North Atlantic-Qatar

Informed Consent Form

Date:

Study Name:

Researchers:

Sponsors: College of the North Atlantic-Qatar and

Purpose of Research:

What you will be asked to do in the Research/Focus Group: Disclose that the study involves research Explain the purpose of the research.

Risks and Discomforts: We do not foresee any risks or discomfort from your participation in the research. [If there is a possibility of harm, it needs to be described]

Benefits of the Research and Benefits to You: Describe any benefits to the subject or to others which may reasonably be expected from the research. Disclose appropriate alternative procedures or courses of treatment, if any that might be advantageous to the subject.

Voluntary Participation: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not influence the [treatment you may be receiving] [nature of the ongoing relationship you may have with the researchers or study staff] nature of your relationship with College of the North Atlantic-Qatar either now, or in the future. Explain the expected duration of the subject's participation.

Withdrawal from the Study: You can stop participating in the study/focus group at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, the College of the North Atlantic-Qatar, or any other group associated with this project.

Confidentiality: Unless you choose otherwise, [Indicate if the interviewing or recording of the participant will be associated with identifying information] all information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored in a locked facility and only research staff will have access to this information.
Confidentiality will be provided to the fullest extent possible by law. The use of any photographic or video material will only be permitted with your permission by using the College’s form.

**Questions About the Research?** If you have questions about the research in general or about your role in the study, please feel free to contact (your name, telephone and email address.) This research has been reviewed by the Institutional Review Board, College of the North Atlantic-Qatar and conforms to the standards of the Ministry of Public Health Policies, Regulations and Guidelines for Research Involving Humans for the State of Qatar. If you have any questions about this process, your rights as a participant in the study, or for copies of the results of this study, please contact David Fullerton (Office of Applied Research and Innovation) either by telephone at (974) 4495-2198 or by email (david.fullerton@cna-qatar.edu.qa) or Kevin Jepson (Chair, IRB) at (974) 4495-2948 or by email at (irb@cna-qatar.edu.qa)

**Legal Rights and Signatures:**

I (_______________________________________________________), consent to participate in

(_______________________________________________________)

conducted by ____________________________________________. I have understood the nature of

this project and wish to participate. I am not waiving any of my legal rights by signing this form. My

signature below indicates my consent.

**Participant**

**Name**

______________________________________________________

**Signature**

______________________________________________________

**Date**

______________________________________________________

**Principal Investigator**

**Name**

______________________________________________________

**Signature**

______________________________________________________

**Date**

______________________________________________________