Appendix 5 to the Regulations of the Committee for the Assessment of Compliance of Research in the Field of Humanities at Vytautas Magnus University with the Basic Principles of Research Professionalism and Ethics[[1]](#footnote-1)

**Paveikslėlis, kuriame yra tekstas, Šriftas, Grafika, logotipas

Automatiškai sugeneruotas aprašymas**

*(Name of academic unit)*

**INFORMED CONSENT FORM**

**(*Title of research*)**

Participant's first name, surname (*to be entered by the research participant/researcher after the research project has been approved*):

Participant's contact details (e-mail / tel. no.) (*optional*):

Researcher's first name, surname and status:

Researcher's telephone number:

Researcher's e-mail:

The research project has been reviewed by the VDU Humanities Research Compliance with Basic Research Professionalism and Ethics Principles Assessment Committee (hereinafter referred to as the Ethics Committee) (*enter the date of the meeting*), protocol No. (*enter).*

Description of the project/research *(brief description):*

*(The research participant ticks the box to indicate whether they agree with the statements in the table below)*

|  |  |  |
| --- | --- | --- |
|  | I agree | I disagree |
| 1. I confirm that I have been informed about and understand the information sheet for the above-mentioned project/scientific research (*"Title")*. I had the opportunity to familiarise myself with the information, ask questions and receive answers. |  |  |
| 1. I am aware that my participation is voluntary and that I may withdraw from the study at any time without giving a reason, without suffering any negative consequences or penalties. |  |  |
| 1. I am aware that the data collected during the study may be reviewed by authorised persons who are not members of the research team. |  |  |
| 1. I am aware that this research project has been reviewed by an Ethics Committee and has been approved. |  |  |
| 1. I am aware of who will have access to the personal data I provide, how the data will be stored, and what will happen to the data after the research is completed. |  |  |
| 1. I am aware that the results of the study will be published. |  |  |
| 1. I am aware of where to go for further information about the study. |  |  |
| 1. (*If applicable)* I consent to the making of an audio recording. |  |  |
| 1. *(If applicable)* I consent to video recording. |  |  |
| 1. *(If applicable)* I consent to photographs being taken. |  |  |
| 1. *(If applicable)* I have been informed how the audio/video   recordings/photographs will be used in summarising the results of the research (*delete as appropriate).* |  |  |
| 1. (*If applicable, delete as appropriate):*  * I agree to the use of direct quotations attributed to me in summarising the research results. * I agree that my quotes may be pseudonymised when summarising the research results. * I agree that my quotes may be anonymised when summarising the research results. * I agree that my quotes may be used without disclosing my personal data / by disclosing my personal data *(delete as appropriate).* |  |  |
| 1. I agree to participate in the study. |  |  |
| 1. *(Optional/not required)*. I agree that the data collected in this study may be provided to those working outside the EU and used in other scientific studies. I understand that all data will be completely anonymised and that it will not be possible to identify me. |  |  |
| 1. *(Optional/not required)*. I agree that my personal contact information (*specify specific contact information and storage period)* may be stored in a secure database so that researchers can contact me about other future research projects. |  |  |

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Participant's first name, surname Date Signature

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Name and surname of the responsible person Date Signature

1. Prepared based on Appendix 2 of the provisions for assessing the compliance of VDU research with the fundamental principles of research professionalism and ethics. [↑](#footnote-ref-1)