**Informed Consent Form**

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| This form is used for  (1) Volunteer aged 18 years and over, (2) Older children aged 13- under 18 years old,  (3) Guardian of children aged < 13 years old.  Please adjust the pronoun used and Project details as appropriate.  **Note:** This form is just an example. You may modify the content as appropriate for your project. |

Date ……………… Month ……..…………… Year ………………

*(In the case where the research project participants are 18 years of age or older, or are older children between the ages of 13 and 18 years old)*

I ( Mr. / Mrs. / Miss )…………………….…… Last name. ………………..…………….…… Age …………..… ..years, residing at house number ……………. Village ……….…....... Sub-district ……………................ District............. …………… Province ………………..............

I would like to express my consent to participate in the research. In the research project on ………………………………………………

*or ( \* in the case of being a parent of a research project participant who is a child under 13 years of age)*

I (Mr. / Mrs. / Miss )……………….………… Surname. …………………………….…… Age ……………..…..years, residing at house number ……………. Village ……. ....... Sub-district …………. ................ District .............…………… Province ………………............ am the father / mother / guardian of (Miss / Miss M) ………..……………………………………………..……... Age ………….… years.

I hereby express my consent for my children under my care to participate in the research.In the research project titled.............................................(specify the name of the research project)

I have read the research project description document and/or listened to the explanation from ..................................................................(name of the informant ) and have been informed of the details of the research project regarding the objectives and duration of the research, the steps and methods of conduct that I(or children under my care, as appropriate) Must practice the benefits that I(or children under my care, as appropriate) will experience side effects or dangers that may arise from participating in the project (specify as appropriate and consistent with the nature of the project ) I have received all the information and the compensation that I will receive and the expenses that I will be responsible for paying by myself, and have had the opportunity to ask questions and receive satisfactory answers. I have had sufficient time to read and understand the information in the information sheet for research participants carefully, and have been given sufficient time to decide whether to participate in this research.

And I (or my child under my care, as appropriate) consent to the researcher using my (or my child under my care, as appropriate) personal information obtained from the research, to be presented as aggregated information from that research, but will not be disclosed to the public on an individual basis. I(or my child under my care, as appropriate) may withdraw or refrain from participating in the research at any time without affecting or losing any rights to receive services and medical treatment that I (or my child under my care, as appropriate) will receive in the future.

If I have any concerns about the research process or if I experience any adverse side effects from the research, I may contact: **(Name of person responsible)** at**…(workplace) ……………………**…… phone number ……………….… (during office hours) and **(mobile phone …………..…..)** Available 24 hours a day

If the research participants are treated in a way that is not as specified in this document, they can seek advice/report/complaint to Assistant Professor Dr. Wineekarn Kongsuwan, Chair of the Human Research Ethics Committee, or Miss. Panwadee Theerakulpisut, Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University, 15 Kanchanawanit Road, Faculty of Nursing, Prince of Songkla University, Hat Yai Subdistrict, Hat Yai District, Songkhla Province 90110, Tel. 0-7428-6470 or via e-mail at sbsirb.psuhatyai@gmail.com

I fully understand the contents of the research participant information sheet and this consent form. I hereby sign my consent to participate in the project.

Signature of participant …………………………………….…………

(……………………..……………………….)

Date …………… Month ……..…….…. B.E. …………..

Parent’s signature .……………………………….…...........……….…

(………………………………………………..…….)

**(Related to.......................................................)**

Date …………… Month ………………..……. B.E. …………

Witness’s signature …………………………………….…………

(……………………………………………….)

Date …………… Month …………………….……. B.E. …….……

I have explained the purpose of the research, the risks that may arise from it, and the benefits that will arise from it in detail to the participants in the research project under the above names so that they are aware, have a good understanding, and have willingly signed the consent form.

Signature of the person explaining/applying for consent………………….… ... ……… ……… ....

( …………… …………………… ………….) Name of researcher, printed in bold

Date …………… Month ……………………. B.E. ……………. ……

**In the case of research volunteers who are unable to read** **(If not relevant to the project, cut this page out)**

The person who read the entire message on behalf of the research volunteer is .......................................................................... and has signed his name as a witness that the volunteer understands the project.

Signed ........................................................... Date..................................

(...........................................................) ( dd / mm / yyyy)

Witness (a person who reads a message to volunteers)

I can't read Can write a book But someone read the text of this consent form to me and I understood it well. So I willingly imprinted my right thumbprint on this consent form.

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Right thumbprint of Mr./Mrs./Miss...............................................(volunteer researcher)

Signed ........................................................... Date..................................

(...........................................................) (dd / mm / yyyy)

Witness No. 1

Signed ........................................................... Date..................................

(...........................................................) (dd / mm / yyyy)

Witness number two

Note

(1) In the case where the research project participant is an older child aged 13 to 18 years and is able to make decisions for himself/herself, both the research project participant ( child ) and the parent must sign their names.

(2) The witness must not be a person who influences the decision of the sample group to participate in the research, such as the attending physician. Or a nurse who provides direct care or a teaching/advisor

(3) The information provider or reader must not be a treating physician, a nurse in the ward, or a teaching/advisor to prevent participation in the project out of fear.

Updated on May 15, 2025