Kintampo Health Research Centre

<table>
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<tr>
<th>TITLE OF RESEARCH PROJECT:</th>
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<td>CONSENT FORM for (Type of Participants)</td>
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**PURPOSE OF STUDY/BACKGROUND**
Disclose all aspects of the project that might reasonably be expected to influence willingness to participate and assure the subject that any of his/her questions will be answered.

**PROCEDURES**
Describe procedures/methods to be used. Give an estimate of the time that will be required to participate in the study.

**RISKS/DISCOMFORTS**
Discuss potential risks in the procedures.
If you do not anticipate any physical harm/risks to the participant, you can consider the following example ‘No harm is expected in the course of this study to you. You will however be asked some questions that might sound personal to you. You will not be forced to respond to all questions and you are free to stop the interview if you feel uncomfortable’.

**BENEFITS**
Discuss potential benefits in the procedures.
If you do not anticipate any direct benefit to the participant, you can consider the following example ‘You will not personally benefit directly from this study. The information you will give us will however help us to come out with new knowledge on the best ways to make … have a more positive impact on the study participants, the communities and the health system as a whole’.

**COMPENSATION** (if applicable)

**CONFIDENTIALITY**
Describe how the anonymity of the participants will be protected.
Eg. The information that is collected from you will be used only for the purpose of this study. We/I will not use your name or any information that will make it possible to identify you personally when we are talking or writing about this study. …. 

**VOLUNTARINESS**
State that participation is voluntary and participants (or parent if the participant is under 18) may withdraw at any time without penalty. More specifically, state that the participant will not be adversely affected if he/she declines to participate or later stops participating.

**Contact persons**
Give names and contacts (mobile) of persons (researchers) to contact regarding study procedures. Eg. If you want to ask questions concerning this study, you may contact me on (Name and cell phone #) or the following persons: …

Participants Rights: If you have any ethical concerns during or after your participation in this study, please contact the Administrator of the Kintampo Health Research Centre Institutional Ethics Committee on 0504270501.

**Include the following statement:**

"By signing below the participant acknowledges that he/she has read and understood the information, is of age 18 or older, and has received a copy of the consent form."


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<tr>
<th>Signature/thumbprint of participant</th>
<th>Not Valid without IEC stamp of certification</th>
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**Witness** (Witness to Consent Procedures if Participant cannot read)

A witness’s signature and the participant’s thumbprint are required only if the participant is illiterate. In this case, a literate witness must sit throughout the entire period of the consenting process, write his or her name, date and sign this document.

“… I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely”.

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<tr>
<th>Name of Witness</th>
<th>Signature</th>
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Date ……/……/………

**Person conducting Consent**

Signature ………………………………………….. Date: ……/……/………
Name: ...........................................