ETHICS REVIEW COMMITTEE
INFORMED CONSENT FORM FOR NON-ACADEMIC PROPOSALS

StudyTitle……
……..……..
……...

Principal Investigator…….

Institution/Organization…….

Study Sponsor (if applicable) …….

……

Contact Information

Telephone: _____

Email: _____

Ethics Approval Number (if applicable): _____

I am undertaking a study on----------

The purpose of this study is ----------

Participants in this study are expected to ----------

State whether there are some risks involved----------

State whether there are some benefits----------

State how confidentiality of information will be handled----------
---

Participants: I have read the information above and I ACCEPT or REJECT to participate in this research.

Participant signature ----------Date----------

PI Signature ----------Date----------