**Information Sheet for Participants**

**For 18 Years and Older Participants**

This information sheet may contain text that you have not yet understand, please ask the project

***Suggestions for Writing***

 *Regarding information relating to consent and other documents, the language used must be easy to understand. Try to avoid academic vocabulary and expressions. If there is the need to use English vocabulary, the explanation for such vocabulary must also be provided. Do not extract the information in the research proposal / thesis proposal as data for the sample group / research participants because it is written in academic language. This should be rewritten in a language that people could understand easily.The information in the document should be arranged in order and adjust the content to be consistent with the research proposed to the committee for consideration.*

 In this document there may be some sentences or expressions that you do not understand. Please ask the research project leader or the project representative to help explain to you until you understand it well. You may request to take this document to be read at home in order to consult or discuss with relatives, close friends, your personal doctor or other doctors before making the decision to participate in this research.

Title of research project: ..................................................................................................

Name of project leader: ..................................................................................................

Research location: ..................................................................................................

Address of Faculty/Office and phone number of project leader:

Address: **Phone** Number:

Who provides funding support to the research?……...............................................................................………….........................................................

Duration of research: (month year to month year )

This research has the following purposes: (research objectives) ....................................................................................................

Expected benefits from the research (research benefits)

You have been invited to participate in this research because(research objectives)

The total number of participants in this research is about(research objectives)

If you decide to participate in this research, there will be the following steps of this research

(research objectives)

Physical or mental discomfort that may occur when you participate in this research

Risks that may occur when participating in this research (the questionnaire may take 30 minutes to complete)

In case you do not participate in this research project, this will not affect any of your job duty or affect your study, or the evaluation of your study (in case you are studying) in any way.

If you have any doubt in your mind regarding this research or if there is any undesirable side effect occurring from this research, you can contact (Name of Research Leader) Phone number:

The expenses that the research participants must be responsible for themselves

 If there is any additional information concerning advantages and disadvantages relevant to this research, the researcher will inform you quickly without concealing any information.

 Each individual research participant’s personal information will be kept without disclosure to the public; on the other hand, the research results will be reported as information of the sample group without the identification of individual Information. The individual information of research participants may be inspected by some groups such as the providers of research grants, the institutions or government organizations that are responsible for the inspection, as well as the Human Research Ethics Committee.

 Research participants have the right to withdraw from the research project at any time without having to inform the research leader in advance. Also, the non-participation or the withdrawal from participation will not have any impact to you whatsoever.

 Research participants have the right to withdraw from the research project at any time without having to inform the research leader in advance. Also, the non-participation or the withdrawal from this research project will not have any impact on your duty performance, or any impact on your study or the evaluation of your study (in case you are studying). You also have the right to not participate in the study without having to give any reason.

 If you have been treated not in accordance with what have been specified in this Information Sheet, please notify the Chair of the Human Research Ethics Committee at the Office of the Human Research Ethics Committee, Panyapiwat Institute of Management; Telephone: 02-855-0225.

**Information Sheet for Participants**

**For Children Aged 13 Years and under 18 Years of Age**

***Suggestion: Please adjust the text according to your research project \****

**Title of research project: ..........................................................................................................................**

**Name of participant / volunteer: …………………………………...................................…………………………………**

**Name of parents / guardians / legal representatives: .............................................................................**

**Name of project sponsor: .................................................................................................................................**

**Name of research leader: ............................................ Phone number: ...................................................**

**Please read this information carefully or ask parents / guardians / legal representatives to read this for you.** **Please spend enough time for considering this information. If you do not understand or have any doubt, please ask the research project leader or the project representative to help explain to you until you understand it well. You may request to take this document to be read at home in order to consult or discuss with relatives, close friends, your personal doctor or other doctors before making the decision to participate in this research.**

**What is the consent to participate in the research project?**

The consent to participate in the research project after receiving the information means that children already understand as much as they can about the research. They are comfortable about the research and have agreed to participate in the project without being forced by anyone.

**Rationale for Conducting Research**

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**Why am I being asked to participate in this research?**

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**Will there be other children to participate in the research as well?**

Yes, it is possible. The amount of expected sample group is …… children, who are from...... years to ........years old.

**What will happen if I decide to participate?**

*The research team will tell you and your family about all the research process and what will happen.*

* + *Please specify the sequence of the research processing simple language to make it easy for children to read and understand.*
	+ *The amount of total time in which children have to participate in the research project; number of appointment times; and time spent on each appointment.*
	+ *Situation or reasons for withdrawing children from research.*

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**What I have to do during the project *(****Responsibility of children in participating in the project)*

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**The risks or uncomfortable situation that could happen to me.** *(Such as awkwardness, etc.)*

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**What to do if something goes wrong during a research study?**

Sometimes things may be wrong. If anything happens that is dangerous or makes you uncomfortable, please tell your parents, guardian or legal representative that will help you to decide what is best for you**.**

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**Does participation in research be beneficial to others or me?** (For example, they can help other children in the future)

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**What will happen to me if I decide to withdraw from this research?**

You may stop at any time during the research. No one will be angry with you, if your parents, guardian or legal representative or the researchers think that it is best to stop participating in the project, this will not have any effect on you and your family.

**Do I need to participate in this research project?**

 **No,** you do not need to participate in the research if you do not want to. It is all depending on you. You have plenty of time to ask questions. It is important that you understand the answer. If you agree to participate in the research, we will ask you to sign the information statement and show your willingness to participate in this research project. We will ask your parents or the legal representative to sign the allowance form, only in the case that you are uncomfortable with this research. Please remember that you can stop your participation at any time. You do not need to give any reason. In addition, if you deny, no one will be angry with you.

**Will the information of me in this research be kept confidential?**

Yes, we only allow research supervisors, government institutions or organizations that are responsible for the investigation, including the Human Research Ethics Committee can access to your information. In addition, they promise to keep this information confidential.

 The researcher has already explained the information and steps of the research process to me, and I understand that I willfully can or cannot participate in the research project without any impact on the medical care of me.

I understand this project. With the consent of my parents, I agreed to participate in this research project.

This research project has been approved by the Human Research Ethics Committee, Panyapiwat Institute of Management. If you have been treated not in accordance with what have been specified in this Information Sheet, please notify the Chair of the Human Research Ethics Committee at the Office of the Human Research Ethics Committee, Panyapiwat Institute of Management; Telephone: 02-855-0225.

 (Signature)................................................... Research Participant

 (......................................................)

 Date:...............................................

**Information Sheet for Participants**

**For Children Aged 7 Years and under 13 Years of Age**

***Suggestion: Please adjust the text according to your research project \****

**Title of research project: ..........................................................................................................................**

**Please read this information carefully or ask others to read it for you, and you could spend time for reviewing this information with your parents. If you have questions about this project, please contact:**

(Name of project leader.................................) at the phone number: ............................................ (*Numbers that can be contacted 24 hours a day* or (*Office number*............................................................)

Rationale for conducting this research:

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Why have I been asked to participate in this research? ..................................................................................................................................................................................

Will other children participate in the research as well?

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There will be ......... children participating in this research.

**What will happen if I decide to participate?**

*The research team will tell you and your family about all the research process and what will happen.*

* + *Please specify the sequence of the research processing simple language to make it easy for children to read and understand.*
	+ *The amount of total time in which children have to participate in the research project; number of appointment times; and time spent on each appointment.*

**What I have to do during the project *(****Responsibility of children in participating in the project)*

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**What are the risks or uncomfortable situation that could happen to me?** *(Such as awkwardness, etc.)*

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Does participation in research be beneficial to others or me? *(For example, they can help other children in the future)*

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Do I need to participate in this research project?

 **No,** you do not need to participate in the research if you do not want to. It is all depending on you. You have plenty of time to ask questions. It is important that you understand the answer. If you agree to participate in the research, we will ask you to sign the information statement and show your willingness to participate in this research project. We will ask your parents or the legal representative to sign the allowance form, only in the case that you are uncomfortable with this research. Please remember that you can stop your participation at any time. You do not need to give any reason. In addition, if you deny, no one will be angry with you. Your test results will be kept in secret, and only you and your parents will be informed on the test results.

 The researcher has already explained the information and steps of the research process to me, and I understand that I willfully can or cannot participate in the research project without any impact on the medical care of me.

This research project has been approved by the Human Ethics Committee, Panyapiwat Institute of Management. If you have not been complied with in the description sheet for the research participants, please notify the chair of the Human Ethics Committee at office of the Human Research Ethics Committee, Panyapiwat Institute of Management; tell 02-855-0225

 (Signature)................................................... Research Participant

 (......................................................)

 Date:...............................................