**Informed Consent Template**

Please delete the instructions in **blue** prior to submission of the informed consent form to the IRB.

**Title of the study:** XXXXX **Lead principal investigator name:** XXXXX

**Advisor name (if applicable):** XXXXX

**Background and Purpose:**Summarize in 5 to 6 lines the purpose, the objectives of the study, and the need to collect the data through interviews or surveys. Mention if the study is within the Master’s thesis requirements.
 **Study plan:**Explain to the participant why you selected him/her to participate in the study, and specify the estimated time commitment to completion of the interviews, the surveys or the other research methodology.

**Risks and confidentiality:**Mention any social, emotional, psychological, economic, legal and physical risks associated with the participation in the study, including embarrassment, distress or discussing sensitive social or political topics.
Explain the steps you will take to protect the participants or reduce the risks associated with their participation.
Describe the measures taken to protect the confidentiality of the data. Also, indicate if you plan to publish their names in the study.

**Benefits:**Explain to the participant if he/she will receive any direct benefit from his/her participation in the study and describe any potential benefits to society.

**QUESTIONS OR CONCERNS?**

If you have questions about the study, you may contact (XXXXX) at (phone number – XXXXX) or (email address – XXXXX@dohainstitute.edu.qa).

If you have any questions about your rights as a research participant, please call the Doha Institute for Graduate Studies IRB Office at +974-40358786 (8:00am to 4:00pm, Sunday to Thursday) or send an email to irb@dohainstitute.edu.qa.

**CONSENT OF PARTICIPANTS:**It is possible to obtain verbal consent without signatures, if approved by the IRB and subject to the study being lower than the minimal risk.

I obtained a detailed explanation of the objectives, methodology, potential risks and benefits of the study. I understand that I have the complete freedom to participate or not in the study.
I understand all of the information in this Informed Consent Form and I have gotten complete answers for all of my questions.
I freely, voluntarily and without any pressure agree to participate in this study.
I also understand that I can leave the study at any point.

**Name:
Signature:**

**Date:**

I understand that I will be photographed/ recorded/ videotaped as part of the study.
I agree to be (photographed/ recorded/ videotaped) freely, voluntarily and without any pressure.

**Name:
Signature:**

**Date:**