General note:

* This template for a participant information and consent form serves as an orientation. I.e. you are explicitly requested to modify it according to the requirements of your research project (e.g. omit or add certain points).
* When formulating the information for participants and the declaration of consent for your planned study, please ensure that you use formulations that are tailored to the needs of your target group. This is especially important if text comprehension is reduced (for example children and adolescents, people with a native language other than English, etc.).
* In case of a reduced ability to understand written text (e.g. illiteracy), researchers should consider the possibility of informing their participants about their research orally and obtaining oral consent to participate in the study.

**Information for participants and declaration of consent to participate in the study:**

# *Title of the study*

Dear participant,

We would like to invite you to participate in the study mentioned above. (*Optional:* We will provide more information in a detailed conversation.)

# Your participation in this study is voluntary. You can refuse to participate at any time, without having to give a reason, or also withdraw your agreement to participate once the study has already started. There will be no negative consequences for you if you refuse to participate or if you withdraw from this study early.

This kind of study is necessary to gain new, reliable *academic* research results. Please take time to read the following information carefully (*optional*: in addition to the explanatory talk), and do not hesitate to ask questions.

# What is the purpose of this study?

*Please give a short, generally intelligible description of the study, and describe its objectives.*

# What is the procedure of the study?

*Please give a short overview of the procedure of the study, the requirements for the participants, the total number of participants, the duration of the study (expenditure of time for the participants), the place where the study is conducted, the methods used, the institutional framework, etc.*

# What are the benefits of participating in the study?

*If applicable, please provide information about the personal benefits that participants might gain from participating in the study, about knowledge that could potentially be gained for academic research, about benefits for certain social groups, etc.*

*e.g.: It is unlikely that you gain any (e.g. health-related) benefits from participating in this study.*

# What are the possible risks of taking part this study?

*Please give information about the risks that might be associated with study participation (for example mental stress). If there are any risks, please describe them and, if applicable, provide information about the planned countermeasures.*

*To enable participants to better assess the burdens imposed on them, it might be useful to compare the study to everyday life.*

*In addition, please describe the inclusion and exclusion criteria for participating in the study (e.g. age).*

1. **Does participating in the study have any other effects on participants’ daily lives? What are the obligations resulting from participating?**

*Please provide information about the possible effects that participating in the study might have on the daily lives of participants. This also includes information about the obligations associated with participation in the study, such as regularly keeping notes about personal experiences or a record of behaviours over a longer period.*

# In what cases is it necessary that participants withdraw from the study early?

*It is important to point out that participants can withdraw their consent to participate in the study at any time, without having to give a reason. They can also withdraw from the study for personal reasons, without this being to their disadvantage.*

*It is also important to point out that the study coordinator may decide to terminate a person’s participation. A possible reason for this could be, for example, that the study supervisor notices a psychological strain in participants that is greater than everyday challenges entail.*

# How will the data collected in this study be used?

*Please distinguish between anonymisation and pseudonymisation!*

***Anonymisation*** *means to render it irreversibly impossible to associate data with a person. For*

*this reason, anonymous and anonymised data are outside the remit of data protection laws.*

***Pseudonymisation*** *means that it is possible, with the help of additional information (typically an*

*identification key) to associate personal data with a person (see Art 4(5) General Data Protection*

*Regulation). Pseudonymised data are within the remit of data protection laws.*

*Please inform the participants how the collected data will be analysed, and that the data will only be passed on for statistical purposes. Please also mention that the participants will never be mentioned by name, without exception. Even in possible publications of the data collected in the course of this study, the participants’ names will not be mentioned, and it will not be possible to draw any conclusions about the participants.*

*For example: Your data will be pseudonymised (e.g. through the allocation of an ID number, under which the data will be saved). This way, those who do not have the “key” will not be able to deduce any information about your person.*

*If applicable, please provide information about audio and video recordings, and on how these recordings will be anonymised.*

*It is also important to specify that only the staff working on the study have access to the data, and that they are obliged to maintain secrecy.*

*Please also inform the participants about the possibility of deleting their data (how, for how long, who is responsible for it...), and provide details of a relevant contact person.*

# Will there be any costs for the participants? Will they receive reimbursement or remuneration?

*Please provide information about whether the participants will receive reimbursement for incurred costs, or whether they will receive remuneration. These payments should not create an overly strong incentive for participating in the study, or for continuing participation.*

*Please also point out: You will not incur any costs from participating in this study.*

# Possibility to discuss further questions

*Please inform participants that the principle investigator (or someone from the study staff) will be happy to answer any further questions they might have about the study.*

*Name(s) of the contact person(s):*

|  |  |
| --- | --- |
|  Principal investigator | Name:E-mail:Phone: |
|  Possibly study staff member | Name:E-mail: Phone: |
|  Possibly other relevant  persons: | Name:E-mail: Phone: |

# Declaration of consent

Name of the participant in block letters: ..........................................................

I agree to participate in the study *title of the study.*

„*…………………………………………….“* *(name of the person who provided the information)* provided me with clear and detailed information about the objectives, significance and scope of the study, as well as about the requirements resulting from my participation in the study. In addition, I have read this information text for participants. All my questions were answered sufficiently and in a comprehensible manner. I had enough time to decide whether I would like to participate in this study. At the moment, I have no further questions.

I reserve the right to end my voluntary participation at any time, without this being to my disadvantage. If I want to withdraw from the study, I can do so at any time by contacting *(name of contact person),* either in writing or verbally*.*

At the same time, I agree that my data collected in this study are recorded and analysed.

I agree that my data are permanently saved electronically in anonymised / pseudonymised form *(please delete where inapplicable)*. The data are saved in a form that is only accessible to *(please specify who has access to the data, e.g. research group)* and are secured via *(please specify how you secure the data, e.g. password protected folder)*.

If I want my data to be deleted at a later time, I can arrange for it by contacting *(name of contact person and contact details)* until *… (please specify if applicable)* either in writing or via telephone, and without having to give a reason.

**I have received a copy of this information for participants and declaration of consent. The original remains with the study coordinator.**

(Date and signature of the participant)

......................................................................................................

(If applicable: Date and signature of a parent)

......................................................................................................

(Date, name and signature of the study coordinator)

………………………………………………………………………………………………….