[This template is applicable for the purposes of voluntary informed consent for ethical reasons. You are obliged to collect and document the informed consent of the participant. If you deviate from this principle, your research requires an ethical review. Please prepare always also the privacy notice to inform about the processing of participant’s personal data. The first page is the information sheet, which will be given to the participant.]

***“TITLE”***

**funded by ( )**

You have been asked to participate in research led by XXXX, University of Lapland, Finland. Thank you for taking part in the research! Before signing, please read this information about the project and feel free to ask if any clarification is needed.

The aim of the study is to (Describe the aim and purposes of the study in lay terms)

If you volunteer, you will be asked to participate in (describe the activities in lay terms: what activities, how often, expected duration). The participation is not intended to cause any inconvenience to you, or harm you in any way.

The data will be collected (Describe the procedures and recording formats) and stored (Describe where, how long, who will have access, what will happen to the data after the project end, consider also re-use after the project end.)

Parts of the data may be presented and published in (identify how and where you plan to publish data)

Your participation may benefit (describe any possible benefits to the subject or community, society, and science).

Describe the compensation for participation, if applicable.

XXXX (researcher) and University of Lapland are committed to protecting your privacy and personal data. The material will be processed in compliance with the applicable laws, regulations and ethical codes of conduct. Any personal data collected in the course of the research will remain confidential. [Please revise, if the participation is not anonymous and the identity of the participant is agreed to be published]

Participation in this research is entirely voluntary. You can cancel or withdraw your participation without any consequences at any time. If you cancel your participation, the processing of your personal data will be interrupted. And if requested, all information collected at that point will be deleted, if it has not yet been processed in such a way that it is impossible to recognize the participant.

If you have any questions concerning your participation, you may contact:

[name, email, phone]

**INFORMED CONSENT TO PARTICIPATE IN RESEARCH**

***“TITLE”* funded by ( )**

By signing this form, I confirm that I have received and I understand the given information about the research. I have had an opportunity to ask questions. I understand that my participation is entirely voluntary and that I have the right to cancel my participation at any time without any reason.

I give my voluntary consent for participation in this research.

YES

I give my voluntary consent to collect and process my personal data. (remove if not needed)

YES NO

I give my voluntary consent to archive the data as described in the information sheet. (remove/revise as needed)

YES NO

*(You may also add other questions as needed, e.g. recording methods, photographing, sharing the data, reuse of data, non-anonymous participation, copyright issues if cocreating data and/or artistic outcomes, etc.)*

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Signature of the participant Place and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s name in block letters

[Possible contact details of the participant]