[This template is only applicable for the purposes of informed consent for ethical reasons. 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. Before signing, please read this information about the project and ask if there is anything that you don’t understand.

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 does not 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 your participation without any consequences at any time. Please note that any research data collected up to that point can still be used in the study.

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

 [name, email, phone]

**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 understand that any personal data collected in research will remain confidential. (revise if needed)

I hereby give my voluntary consent for participation in this research.

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Signature of the participant Place and date

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

Participant’s name in block letters

[Possible contact details of the participant]