**GUIDELINES FOR COMPLETING THE INFORMATION FORM FOR INFORMED CONSENT**

**ADULTS, PEOPLE WHO ARE ABLE TO COMPLETE THE CONSENT INDEPENDENTLY, AND MINORS AGED 16 YEARS AND OVER**

**By the Ethics Committee of the Department of Human Sciences  
University of Verona**

Below is the information and the guidelines for preparation of an informed consent for research participants who are able to express consent independently. It is recommended to use clear and concise language for all sections. Please note that the following is given as an example.

**INFORMED CONSENT – information form**

Dear participant,

this study aims to investigate [SUMMARY OF THE RESEARCH TOPIC]. The project¹ manager is…[INDCATE THE NAME], [INDICATE THE ROLE], at the Department of Human Sciences of the University of Verona. The person or persons responsible for data collection is/are [INDICATE THE NAME AND THE ROLE].

**We ask for your willingness to participate in the research**. Before deciding whether to give your consent, it is important that you carefully read the following information about the research objectives and how the study will be conducted. Please take the time to read the following information and do not hesitate to ask for clarification or further information.

***What is the aim of this research?*** The research has the objective of… [SPECIFY THE OBJECTIVE IN A CONCISE WAY, WITH CLEAR AND COMPRESSIBLE LANGUAGE. AVOID NON-SPECIFIC TECHNICAL TERMS AND ABBREVIATIONS

*Example 1: The purpose of this research is to acquire a deeper knowledge of the processes of elaboration and implementation of public adult education policies in Europe, Latin America and the United States.*

*Example 2: The study aims to assess the effects of certain dietary and self-care behaviors on psychological well-being. The objectives will be explained to you in more detail at the end of the study, if you wish. EVIATIONS].*

***Why have I been contacted?***

[THE PURPOSE OF THIS PARAGRAPH IS TO SPECIFY IN A CLEAR AND AN EASY TO UNDERSTAND WAY THE CRITERIA FOR INCLUSION] To carry out this study we are asking for the participation of… [SPECIFY CHARACTERISTICS OF PARTICIPANTS].

Example 1: You have been selected as a possible participant in this study thanks to your involvement in the development and support of adult education policies or practices. Any participation in this study is voluntary.

Example 2: You have been identified as a privileged witness because of your experience.

***Am I obliged to give my consent?***

Participation in this study is voluntary, so potential participants may refuse to give their consent. If you decide to accept, you will be asked to sign a consent form to participate in the research and consent to the processing of data collected through your participation. Consent may be withdrawn at any time, without any negative consequences, and without the need to specify the reason.

***What should participants do?*** [THIS SECTION OUTLINES WHAT THE PARTICIPANT WILL BE ASKED TO DO AND THE CONDITIONS THEY WILL BE EXPOSED TO, IF THEY DECIDE TO PARTICIPATE INTO THE STUDY. THEREFORE, TIME AND PLACE AND ANY OTHER RELEVANT INFORMATION FOR THE/PARTICIPANT SHOULD BE INCLUDED]

*Example 1:  
If you agree to take part in this search, you will be asked to take part in an interview of approximately 1 hour, in Italian. The interview will take place in a quiet place of your choice and will be recorded.*

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¹In no case this is a student, not even in the case of a person collecting data for the purpose of his or her degree project. This is usually the main researcher or principal investigator - PI.

*Example 2: If you agree to participate in this research, you will be asked to answer questions in a questionnaire, which must be completed approximately… … minutes of time.*

*Example 3: If you decide to participate, your involvement in the study will last…weeks.*

*During the first week you will be asked to complete a questionnaire of approximately… minutes, with socio-demographic questions, and other questions aimed at detecting .... On the same occasion it will also be helped by the research team to familiarize themselves with the use of the tools that …. In all, this first phase will keep you engaged … [TIME–PLACE]*

*From the second week for…weeks, you will be asked to….*

*Finally, during the last week of the study, you will be asked to fill in a final questionnaire, lasting approximately…minutes.*

***Is the identity of the participants protected?***

The data will be processed in accordance with Article 13 of Regulation (EU) n. 679/2016 and D.L. 196/2003, as well as adapted to D.L. 101/2018 on the protection of personal data. The data controller is the University of Verona, based in Via dell' Artigliere n. 8, IT37129, Verona (e-mail: privacy@ateneo.univr.it, PEC: ufficio.protocollo@pec.univr.it, tel. +39 045.8028777). Further information on the processing and protection of personal data in the case of research carried out at the University of Verona can be found on https://www.univr.it/it/privacy, in particular with regard to the data collected that will be used exclusively for scientific research purposes. All information collected will be stored securely and will be prevented from being seen by outsiders. Any information that may identify participants will be removed to ensure their anonymity. The material will be kept by the study manager including the data processing and data protection parts for persons involved in research activities.

***Do participants take risks?*** [SPECIFY TYPE OF RISK]

*Example 1: By participating in this research you will not run any risk outside the risks commonly existing in everyday life.*

*Example 2: There are no physical risks arising from participation in this study. However, you may feel uncomfortable answering some questions in the interview. In this case, please note that it is your right not to reply, and, if you deem it necessary, to discontinue participation in this study and to revoke the consent given previously.*

*Example 3: It could be boring having to answer the same questions every day for five weeks. It might be boring to have to go once a week for five weeks on the day you decide to pick up the assigned material. If it happens in the group which will have as its task … could happen to her [DESCRIBE THE NEGATIVE EFFECTS, EXCEPT ALLERGY RELATED TO THE RECRUITMENT OF FOOD OR USE OF A PRODUCT].*

*If it happens in the group that you need to stop taking certain foods, you may be relieved of it for a period of 5 weeks. In any case, it will be important that you consider the commitment associated with participation in the study, which requires consistency of behaviour, both those of material withdrawal and those of dietary behaviors or self-care.*

***What are the benefits of participation?*** [SPECIFY THE TYPE OF BENEFITS. NB IN SOME CASES IT MAY BE APPROPRIATE TO REMEMBER THAT PARTICIPATION DOES NOT LEAD TO THERAPEUTIC OR SIMILAR BENEFITS]

*Example 1: You will not receive any direct benefit from participating in this research. Nevertheless, the results can help to understand the processes of formulating adult education policies and their impact on educational practices.*

*Example 2: There are no direct benefits. However, also thanks to your participation it will be possible to deepen the knowledge of the dynamics and/or the processes inherent in the area under investigation (specify). This in turn could be useful when redesigning and/or improving existing training models and/or practices (intervention, etc.)*

*Example* 3: *If you participate you will have the advantage of having free for… weeks some products [SPECIFIC]. The information that you share with us will help you understand which substances and/or behaviors have positive effects on people’s psychological well-being.*

**Is it possible to know the results of the research?**

[SPECIFY HOW TO REPORT RESULTS] The results of the research will be made public both through the usual scientific channels and through the most popular ones. At the end of the study you will be able to know the results of the research through an informative session specifically for the participants.

**Who can I contact for further information?**

[INDICATE THE NAME, SURNAME, TELEPHONE NUMBER AND EMAIL ADDRESS OF THE RESEARCH MANAGER AND A CONTACT PERSON WITHIN THE FACILITY WHERE THE RESEARCH IS CARRIED OUT, IF APPROPRIATE]

*Example 1: If you have any questions or doubts about this research, you can contact…*

***What are my rights if I decide to participate in the research?***

If you decide to withdraw your consent and discontinue your participation in the research, you will not waive any legal rights acquired through participation in the research. If you have any questions about your rights during participation in this research, or have any doubts, suggestions or want to talk about the research with others other than the researchers involved, please contact [NAME AND NUMBER]Member of the Ethics Committee of the Department of Human Sciences of the University of Verona, to the number [PHONE NUMBER] or write to the email address: [EMAIL ADDRESS OF THE INDICATED ETHICAL COMMITTEE MEMBER].

Thank you for your cooperation.  
  
[FIRST NAME AND SURNAME OF/RESEARCHER/PRINCIPAL WOMAN]

Date and place

**Example of form for signing consent  
  
*Consent to study participation***

I read (or someone read to me) this form and I am aware that I was asked to participate in a research study. I had the opportunity to ask questions and to have received satisfactory answers. I voluntarily agree to participate in this study. I do not waive any legal right by signing this form. I will receive a copy of this form*.*

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NAME AND FORENAME IN BLOCK LETTERS SIGNATURE OF THE PARTICIPANT  
OF THE PARTICIPANT

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

DATE AND TIME

*Consent to data processing*  
I consent to the processing of data resulting from my participation.

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NAME AND FORENAME IN BLOCK LETTERS SIGNATURE OF THE PARTICIPANT  
OF THE PARTICIPANT

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

DATE AND TIME

I explained the research to/the participant or to/his/her representative before requesting the above signature (signatures). There are no parts not filled in this document. A copy of this form has been delivered to/the participant or to/his/her/her representative.

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**Surname and First name of the person who Signature of the person who obtained the consent**

**obtained the consent**

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**DATE AND TIME**

**Note: A photocopy of this signed form must be delivered to/the participant.**