Informed Consent Statement

We appreciate your willingness to participate in this research study. Before proceeding, please carefully read the following information to understand the purpose of this study and your role as a participant:

Purpose of the Study:
This research aims to [insert a brief description of the study's purpose]. The findings will contribute to [academic/industry] knowledge in [specific field/area].

Voluntary Participation:
Participation in this study is entirely voluntary. You may choose to withdraw at any time without any penalty or loss of benefits to which you are otherwise entitled.

Confidentiality:
Your identity and personal information will remain strictly confidential. Any data you provide will be used solely for research purposes and will be anonymized in published results.

Procedures:
You will be asked to [describe briefly what the participant will do, e.g., complete a survey, participate in an interview, etc.]. The process is expected to take approximately [duration].

Potential Risks and Benefits:
There are no anticipated risks associated with your participation. [If applicable, mention any potential risks.] While you may not directly benefit from this study, your participation will contribute valuable insights to [specific field].

Right to Withdraw:
You may decline to answer any question or discontinue participation at any time without any consequences.

Contact Information:
If you have any questions or concerns about this study or your participation, please contact [Researcher's Name] at [email address/phone number]. For questions regarding your rights as a research participant, please contact erb@iqra.edu.pk.

By signing below, you acknowledge that you have read and understood the above information, that you voluntarily agree to participate in this study, and that you are at least [insert minimum age, e.g., 18] years old.

Participant Name: _____

Participant Signature: _____

Date: _____

Ethical Review Consideration Form

Name: _____

Designation: _____

Department/Faculty: _____

Campus: _____

City:

Email: _____

Phone Number:

Research Project Details

1. **Title of Research/Project:**
2. **Research Category (select one):**
   - ☐ Study administering questionnaires/interviews (quantitative or qualitative).
   - ☐ Secondary data analysis.
   - ☐ Qualitative research methods (e.g., focus groups, interviews).
   - ☐ Other: _____
3. **Does the study involve vulnerable populations (e.g., children, pregnant women)?**
   - ☐ Yes ☐ No (Please specify): _____
4. **Population**
   - Sample size _____
   - Sampling Unit (from where you are obtaining the data) _____
   - Age Bracket _____
   - Gender _____

5. **Objective(s) of the Study:** _____

_____

_____

_____

6. **Summary of Methodology (brief):**
   - Sample size: _____
   - Data collection method: _____
   - Estimated duration per participant:

Ethical Considerations

7. **How will participants' confidentiality be ensured?**

8. **Are there any risks (psychological/financial/physical) to participants? If yes, how will they be minimized?**
   - ☐ Yes (Details): _____
   - ☐ No
9. **Will participants be informed of the study results?**
   - ☐ Yes
   - ☐ No
   - ☐ If applicable

Ethical Statement (you can outline your study procedures and ethical considerations)

_____

_____

_____

Declaration

I, the undersigned, certify that the information provided is accurate and I will adhere to ethical research practices.

Signature: _____

Date:

Attachments Required

1. Research Proposal or Synopsis (max 2 pages).
2. Questionnaire/Research Instrument (if applicable).
3. Consent Form (if applicable).
4. Visual stimuli (if applicable).