

Office of Institutional Research, Habib University

Informed Consent Form

Research/Project Title:

To meet the ethical protocol for conducting this research, we would like you to provide us with a written consent for becoming a research participant. Kindly read the following details and sign the document below.

Research/Project Details

The *[unit or department]* at Habib University is conducting a study to examine *[insert topic of research]*. Specifically, we want to understand *[insert details or research question]*. We will use this information to *[fill in with anticipated uses for findings]*.

Procedure

If you volunteer to participate in this focus group, you will be in a group of *[insert number of participants-maximum 8]* and will be asked some questions relating to your experiences. There will be a facilitator who will ask questions and facilitate the discussion, and assistants to write down the ideas expressed within the group.

The interview/focus group discussion should take no longer than *[insert time]* to complete.

Ethical Considerations

- i. Your participation in this group activity is completely voluntary. It allows you to discontinue your participation at any point in time prior or during the interview process without any negative consequences attached to it.
- ii. Data confidentiality will be strictly mentioned during the interview process. The final report will not include the names of the participants. However, contact information of the participants can be requested with permission in order to fill the data gaps.
- iii. Photography, audio or video recordings will take place only with the informed consent of the participants.
- iv. The report generated based on the acquired data will be employed for the institutional and educational purposes. The Office of Institutional Research will be able to access the acquired data.

Contact Information

To ask questions about your rights as a research participant or to share your concerns about this research project, kindly contact *[insert contact person's name, designation]* at Habib University or email at *[contact's email address]*.

Consent

I _____ have read the provided information and have been given the opportunity to ask questions. I give my consent to participate in this study, and to have the session recorded via *[audio/ video]*. Moreover, I will hold one copy of consent form for my records.

Date: _____

Participant's Signature: _____