***Sample***

**Letter of Consent to Take Part in Research**

***Suggestion:*** *Please adjust the wording in accordance with your research project*. *Italics explain what the researcher should complete on the form*.

 Address

 Date…………./Month……..……/Year………….

Number Example/Research participant……………………………...

 I, the signatory of this letter, wish to consent to take part in this research project.

Title of the research project……………………………………………………………………….………………….…………

Name of the principal researcher……………………………………………………………………………………………..

Contact address……………………………………………………………………………………………….……………………….

Telephone number……………………………………………………………………………………………………………………

 I **have been notified** of the details of the rationale and the research objectives, details of the stages that I must go through or must be treated, as well as the risks/dangers and the benefits to be obtained from this research. I have thoroughly read the details in the information sheet for the research participants and **have received** **explanations from the researcher so that I** **clearly understand the information**.

 *I therefore agree to take part in this research project, as specified in the information sheet for research participants. Concerning this, I consent to (please specify what questionnaires they will answer, what training they are to receive, for how long and how many times, after the completion of the research, the information about the research participants will be destroyed, except in cases where the research participants agree to it being kept for academic benefit and/or for reference, to it being kept in a museum or a collection of items, which will become part of the country’s or the community’s history). Please clearly specify the details and reasons, which should be in line with Section 4 of the Information Sheet for Research Participants)*

*(If in the Information Sheet for Research Participants you ask for permission for audio and/or video recording, photographs to be taken, disclosure of participants’ name and/or their affiliation, please provide separate check boxes for participants to indicate relevant consent, i.e.*

*I 🞎 allow 🞎 do not allow the researcher to audio-record the interview*

 *🞎 allow 🞎 do not allow the research to take photos of........ (please specify how photos will be taken e.g. will participant be identifiable in those photos? ))*

 I **have the rig**ht to withdraw from the research at any time **without having** **to state the reason**. This withdrawal will in no way negatively affect me*. (Please specify the effect; for example, not affecting the study/the work/the work assessment).*

 I have been assured that the researcher will treat me in accordance with what is specified in the information sheet for the research participants and any information about me **will be treated by the researcher as confidential**. The research findings will be presented as collective data. No information in the report will lead to identifying me as an individual.

 **If I am not treated according to what is specified in the information sheet for the research participants**, I have the right to file a complaint to the Research Ethics Review Committee for Research Involving Human Subjects: The Second Allied Academic Group in Social Sciences, Humanities and Fine and Applied Arts, Chulalongkorn University, Chamchuri 1 Building, First Floor, Room 114, Wang Mai Sub-district, Pathum Wan District, Bangkok 10330, Telephone number 0 2218 3210-11, e-mail: cure2.ch1@chula.ac.th.

 I have signed my name hereto in the presence of a witness. I have also received a copy of the information sheet for the research participants and a copy of the letter of consent.

(Signature)……………………………………. (Signature)………………………………………….…

 (…………………………..……….) (…………………………………………..)

 Principal researcher Research participant

 (Signature)………………………………………….…

(…………………………………………..)

 Witness

***Notes***

*For the study of drug addicts, HIV infected and sexually transmitted disease patients, service women and illegal labourers etc., signing their names in the document may cause damage or disclose confidential information on the research participants, so the researcher may submit a request for exemption from the participants’ signing their names.*

 *In cases where the research is of a low risk; for example, one that uses the questionnaires that do not specify the names of those who answer, one whose analysis comes from secondary information, one whose resource person cannot be traced or one whose information collecting is done through telephone interviews, it is possible to apply for waiver of written consent****.***

***However, the researcher must specify that the information will given to the research participants no matter whether or not there is waiver of written consent.***