#### **Voice Study Centre Informed Consent Form**

## **Title of the Research Project**

[Insert Title of the Project]

#### **Research Team**

- **Principal Investigator**: [Name of Principal Investigator]
- Research Team Members: [Names of Research Team Members]
- **Contact Information**: [Email Address, Phone Number]

## **Purpose of the Research**

The purpose of this research is to [provide a brief description of the research purpose and its significance].

#### **Procedures**

If you agree to participate in this study, you will be asked to [describe the procedures involved in the research, including what participants will be asked to do].

#### **Risks and Benefits**

- **Risks**: There are potential risks associated with this study, including [describe any physical, psychological, or social risks].
- **Benefits**: The potential benefits of participating in this study include [describe any benefits to participants or society].

# **Confidentiality**

Your privacy is important to us. All information collected during this study will be kept confidential. Your data will be stored securely and only accessible to the research team. Your identity will not be revealed in any reports or publications resulting from this study.

# **Voluntary Participation**

Participation in this study is entirely voluntary. You have the right to withdraw at any time without penalty. If you choose to withdraw, any data collected from you up to that point will be retained and used in the study unless you request otherwise.

#### **Contact Information for Questions or Concerns**

If you have any questions or concerns about this study, please contact:

- **Principal Investigator**: [Name, Email Address, Phone Number]
- **Research Ethics Committee (REC)**: [Voice Study Centre, Research Ethics Committee, Associate College of Essex University. Contact ethics@voicestudycentre.co m.

### **Statement of Consent**

By signing below, you indicate that you have read and understood the information provided above, and you agree to participate in this study. You understand that your participation is voluntary and that you can withdraw at any time without penalty.

Participant's Name: _	
Participant's Signature:	
Date: _	
Researcher's Name: _	
Researcher's Signature:	
Date: _	