NAME OF STUDY: ______________________________________________________________

CONSENT FORM

Area code of the respondent: __________________________________________

Date of Field Visit: ____________

dd/mm/yy

The researcher has explained the purpose of the research and informed about maintaining the confidentiality to the respondent.

Willingly, under no pressure from the researcher-

1. I confirm that I have read and understood the information sheet dated _______ for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐

3. I understand that relevant sections of data collected in the study may be looked at by authorised persons. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐

4. I understand that information about me recorded during the study will be kept in a secure database. If data is transferred to others it will be made anonymous. ☐

5. I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers. Any data used will be anonymised, and I will not be identified in any way. ☐

6. I voluntarily agree to take part in the above study. ☐

________________________  ________________  __________________
Name of participant             Date             Signature

________________________  ________________  __________________
Name of researcher/enumerator Date             Signature

7. Contact: (Printed on IEG letterhead)