**Information Sheet**

**Introduction:** Greetings, My name is [full name], and I come from [name of the organization]. We are conducting a study on [project name] in collaboration with [name of partner if applicable], funded by [name of donor].

**Serial no.:** [Protocol number]

**Aim**: [Purpose of the study]

**Justification of participation:** [Describe why interviewing the participant is important]

**Procedure:** [Describe the procedure of data collection. How long will the interview/survey take place? What kind of questions will you be asking? Will you be recording the interview? Will you be taking photographs?]

*(Eg****:*** *If you agree to participate, we will conduct an interview of around…minutes)*

**Benefits of participation:** [Are there any benefits from this study? What benefits will the respondents receive from this study?]

(*Eg. There is no direct benefit from participating in this study. However, your findings will help design interventions that can benefit people like you*)

**Compensation:** [Will the respondent receive any compensation? If yes, describe the compensation and how they will receive it. If not, this section can be skipped]

(*Eg: To compensate for you time we will give 200 BDT*)

**Risk:** [Describe the risks of participation]

(*Eg: You don’t have any risk of being physically or mentally harmed if you participate in this study. We may ask you some sensitive questions, which may make you a bit uncomfortable. However, if you wish not to answer any such sensitive or personal question, please let us know, and we will respect your decision*)

**Confidentiality and anonymity:** [Inform participants whether you will maintain confidentiality and how. Describe to participants how you will maintain anonymity. Who will have access to the personal information? Where will you store the data? With whom will you share the findings? If you wish to publish the findings, you need to mention it here. When you share the findings, will anybody be able to identify them]

**Nature of participation**: [Describe whether participants are free to choose to participate without any pressure or coercion. State whether their decision will create any problems for them. Describe whether they can withdraw from participation after data collection has been concluded. What is the procedure for this?]

**Contact information:** [Provide contact details of a person from the project they can contact if they have any questions or concern] [Provide contact details of IRB]

(*Eg: If you have any further query about the research project, then please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through this phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*For ethical concerns, can contact the Institutional Review Board: + 801993379512. Email:*[*irb-jpgsph@bracu.ac.bd*](mailto:irb-jpgsph@bracu.ac.bd)*)*

**Consent Form**

**Title of the study:**

If you agree to participate in this study, please confirm by putting your signature/thumbprint.

Thank you for your cordial cooperation.

*(Note to investigator: Please note that the items below can vary from protocol to protocol)*

|  |  |  |
| --- | --- | --- |
| Do you give permission for the interview to be audio recorded? *Please note that at any point during the interview, you can ask the interviewer to turn off the recording device.* | Yes | No |
| Do you give permission to share your findings? | Yes | No |
| Do you give permission to take photos? | Yes | No |
| Do you give permission to share the photos? | Yes | No |
| *(If you need to contact the/collect data from the respondent again, need to state here and ask permission…)* |  |  |
| Do you have any question? | Yes | No |
| State the question |  |  |

|  |  |
| --- | --- |
| **Interviewer name:** | **Respondent’s name:** |
| **Interviewer signature:** | **Respondent’s signature/thumbprint:** |
| **Date:** | **Date:** |