**Final International University**

**Informed Consent Form**

Dear Participant,

This research project is being conducted by …………………………… of ……………….. This research project aims to investigate ……………………………………………... This survey is intended for people [18 years or older].

The proposed study is entitled "…………………………………….." You will be a participant of the project if you read and approve this informed consent form. The survey link will be active between ……… and ……………. You are expected to participate in this survey study only once. [The survey will be online]. This survey is anonymous. Other than being anonymous, no information is required to identify you and you cannot be identified by the answers you supply. Information to be obtained within the scope of this study will only be shared in scientific publications, presentations and online environments for educational purposes by the researcher. The data collected is anonymous and will be kept safely in an encrypted file on a computer. [In our medical research, we accept and apply the basic principles for all medical research, which are stated in the Declaration of Helsinki, and the terms and rules of the Council of Europe Convention on Human Rights and Biomedicine.]

Participation in this study is voluntary. [Your participation in this project can contribute to your knowledge about .................. and can support you in ........................] None of the steps in the survey can cause personal discomfort. However, if you feel uncomfortable for any reason, you are free to quit the survey and leave the research without explaining the reason. In such a case, the information you provide will only be used by the researcher with your consent.

Thank you in advance for participating in this study. If you need any further information about the study or if you have any question you would like to ask you can contact me on (*email: , phone:* ), the researcher.

Thank you,

*The title, the name, and the signature of the researcher*

Toroslar Cad. No: 6 Girne, Cyprus

I accept to participate in this research. Yes / No

[I allow research use of my photos and videos Yes / No

I allow my photos and videos to be used in the following:

Online Education environments Yes / No

Visual and written materials such as reports, articles, related news. Yes / No]

Name and Surname of the participant:

Signature:

Date:

If you have questions about your participation in the research and the protection of your rights, or if you believe that you are at risk or will be exposed to stress in any way, you can contact Final International University Ethics Committee (0392-6506666) by phone or via email iaek@fiu.edu.tr

*Note*: *If the form is used online as a preamble, the wording should be adapted to suit this. Then, Radio buttons Yes/No should be added allowing the participant to proceed to the survey if and only if the Yes option is selected*. *In this case, Yes/No sections above should be deleted together with the participant’s details. Text in between [ and ] should be deleted if not relevant.*