**GHANA COMMUNICATION TECHNOLOGY UNIVERSITY**

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**FACULTY OF COMPUTING AND INFORMATION SYSTEMS**

**INFORMED CONSENT LETTER TEMPLATE**

***Note to Investigators:***

*When creating informed consent letters, investigators are encouraged to keep language and vocabulary as basic and straightforward as possible. Investigators are also encouraged to use this template when creating informed consent letters.*

*Information in italics is for your information and should be deleted from the actual consent form. Material in brackets should be completed with relevant information.*

TITLE OF STUDY

[Insert title]

PRINCIPAL INVESTIGATOR

[Name]

[Department]

[Address]

[Phone]

[Email]

### Research Information

Objective of the Study

*Provide a clear explanation of the research objective in simple terms. Include a statement that the study involves research, the purpose of the study, the expected duration of participation, a description of the procedures, and any experimental aspects. Clearly outline what the participant is required to do.*

Potential Risks and Discomforts

*Describe any potential risks or discomforts the participant may experience, including physical, social, or psychological risks, if applicable.*

Potential Benefits

*Detail any expected benefits to the participants or society as a whole.*

Confidentiality

*Explain how participant confidentiality will be maintained.*

Compensation

*Specify any compensation provided to participants, including the amount or type of compensation, conditions for receiving it, and the timing of distribution. Generally, compensation is given at the end of the study.*

Additional Costs

*Inform participants of any additional costs they may incur as a result of participating in the research, if applicable.*

Voluntary Participation and Right to Withdraw

*State that participation is voluntary and that participants can withdraw at any time without penalty.*

Researcher-Initiated Termination

*Outline any circumstances under which the researcher might terminate the participant’s involvement in the study, if applicable.*

Notification of Significant New Findings

*Inform participants that they will be notified of any significant new findings that may influence their decision to continue participating in the study, if applicable.*

Contacts for Additional Information

*Provide contact details for questions about the research or in case of research-related injury. Include names and mobile numbers that participants can easily reach.*

Your rights as a Participant

This research has been reviewed and approved by the research ethics committee of the Faculty of Computing and Information Systems. If you have any questions about your rights as a research participant, you can contact the committee through the email address: [focisethicscommittee@gctu.edu.gh](mailto:focisethicscommittee@gctu.edu.gh)

**VOLUNTEER AGREEMENT**

The document outlining the benefits, risks, and procedures for the research titled *(name of research)* has been read to me and explained thoroughly. I have had the chance to ask questions and receive satisfactory answers. I consent to participate voluntarily.

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Date Name and signature

**If volunteers cannot read the form themselves, a witness must sign here:**

I witnessed the explanation of the benefits, risks, and procedures to the volunteer. All their questions were addressed, and the volunteer has consented to participate in the research.

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Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

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Date Name Signature of researcher