

Applied Psychology Programme  
School of Humanities and Social Science

The Chinese University of Hong Kong, Shenzhen

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**RESEARCH INFORMED CONSENT FORM**

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| --- | --- | --- | --- |
| **Title of Project:** |  | **Ethics Approval Number:** |  |
|  |  |  |  |
| **Investigator(s):** |  | **Researcher Email:** |  |

Please read the following statements and, if you agree, initial the corresponding box to confirm agreement:

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| --- | --- | --- |
|  |  | Initials |
| I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |  |
|  |  |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. |  |  |
|  |  |  |
| I understand that my data will be treated confidentially and any publication resulting from this work will report only data that does **not** identify me. My anonymised responses, however, may be shared with other researchers or made available in online data repositories. |  |  |
|  |  |  |
| I freely agree to participate in this study. |  |  |

Signatures:

|  |  |  |
| --- | --- | --- |
| Name of participant  (block capitals) | Date | Signature |
| Researcher (block capitals) | Date | Signature |

If you would like a copy of this information sheet to keep, please ask the researcher. If you have any questions about this study before or after your participation, please contact (Student’s Name) at email: (Student’s Email) or (Professor’s Name) at email: (Professor’s Email).

If you have any complaints or concerns about this research before or after your participation, you may contact the CUHK(SZ) Applied Psychology Institutional Review Board at email: [psyethics@cuhk.edu.cn](mailto:psyethics@cuhk.edu.cn).

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