

## CONSENT FORM OF PARTICIPANT

Name of the Principal Researcher:

Contact details of the Principal Researcher:

Name of the Primary researcher:

Contact details and status of the Primary Researcher [e.g. PhD student]:

Research/Study Title:

Purpose of Study: [Explain briefly]

1. I confirm that I have read and understand the attached information sheet of the above study.
2. I have had the opportunity to review the information, ask questions, and receive satisfactory answers.
3. I understand that participation is completely voluntary, and I am free to withdraw at any time, without giving a reason, and facing any adverse consequences or penalty.
4. I understand that this project has been reviewed and approved by the Ethics Review Committee of the Faculty of Applied Sciences (ERC-FAS), University of Sri Jayewardenepura.
5. I understand who will have access to the personal data provided, how it will be stored, and what will happen to the data at the end of the project.
6. I have received a copy of this consent form along with the accompanying information sheet.

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Name of Participant	Date	Signature
.....	.....	.....
Name of person taking consent	Date	Signature