INFORMED CONSENT FORM FOR THOSE SEEKING INFORMATION FROM RECORDS

PART I: INFORMATION SHEET **(NB: Avoid the use of technical language or jargons)**

Title: [*Name of research project*]

Principal Investigator: [*Name*]

Address: [*Name of institution/company and complete address*]

General Information about Research

(A brief introduction of the researcher or the research team. State clearly the objective of the research in easily-understood words. There must be a statement that the study involves research, an explanation of the purpose of the research and the expected duration of the participant's participation, a description of the procedures to be followed and the identification of any procedures which are experimental and what the participant(s) is/are supposed to do. All information about the research must be stated)

Procedures

To find answers to the questions, *we* seek your permission to access the records of [specify the group] your outfit for this research project. If permission is granted, you will be required to make available records on [specify the group].

[Explain the reasons why a particular institution or group is being selected to take part in the study]

The data search will take place in [location of the institution], and no one else but the people who take part in the data search and the moderator or myself will be present during this data search.

The information obtained is considered confidential, and no one else except [name of person(s) with access to the information] will have access to the records. The expected duration of the data search is about (40-75 minutes).

Possible Benefits

(*Specific statement about benefit(s) to individual(s) – researcher and participants) and/or society that can be reasonably expected)*

Confidentiality

(A statement describing the extent, if any, to which secrecy of records identifying the respondents will be maintained. For example, "We will protect information about you to the best of our ability. You will not be named in any reports. Some staff of [list all groups that may access the research records] may sometimes look at your research records").

Contacts for Additional Information

(Give an explanation of whom to contact for answers to pertinent questions about the research and whom to contact in case of research-related injury. Give names and mobile numbers that are accessible to the participant). For students include the contact of your supervisor.

Contact of Ethical Review Board

This research has been reviewed and approved by the Institutional Review Board of University of Cape Coast (UCCIRB). If you have any questions about your rights as a research participant you can contact the Administrator at the IRB Office between the hours of 8:00 am and 4:30 p.m. through the phone lines 0558093143/0508878309 or email address: irb@ucc.edu.gh.

PART II: AGREEMENT OF OFFICER-IN-CHARGE

I have read the above document describing the procedures, benefits and usage of the data to be taken for the research title ***(name of research)***. I have been given an opportunity to ask any question about the research and this has been answered to my satisfaction. I permit you to access the needed information/documents.

Name of officer-in-charge: …….

Signature……..

Date: **…….**

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.

Researcher's Name: ……...

Researcher's Signature: …….

Date: …….