INFORMED CONSENT FORM

We kindly invite you to participate in the research titled …….

This study is conducted by ……, a faculty member of Beykoz University, "as part of [please select as appropriate: an internally funded research project / an externally funded research project / a graduate thesis / a Master's term project / an undergraduate project / an associate degree project].

Your participation in this research is entirely voluntary and based on your free will, without any coercion or obligation. Please read the information below carefully, and do not hesitate to ask any questions before deciding whether to participate.

Purpose of the Study
A brief summary of the study should be provided in clear, non-technical language that the participant can understand, explaining the aims of the research.

Procedures
The procedures to be carried out with the participation of the participant, the locations where these procedures will take place, and the time commitment required (both during the trial and until the end of the study) should be specified separately.

Possible Risks and Discomforts
Any physical, psychological, or social risks or discomforts the participant may experience should be explained separately; if applicable, risks associated with devices or procedures should be specified. The measures taken to mitigate these risks and the actions to be taken in case they occur should be described. If no risks are expected, a statement equivalent to "The study does not involve risks beyond those encountered in daily life" should be included.

Possible Benefits to Society and/or Participants
Any direct benefits that participants may obtain during or after the study due to their participation or the procedures should be stated. The societal benefits and scientific contributions of the research should be described in language accessible to the participant.

Confidentiality
All information obtained in connection with this study that can be linked to you will be kept confidential, will not be shared with third parties, and will only be disclosed with your permission.

Details regarding how participant data will be used, how identifying information will be stored, how privacy will be protected, and who may access the data under what conditions should be clearly explained. References to relevant legislation governing the protection of personal data and participant rights during health-related research must be included.

Voluntary Participation and Withdrawal
It is important that your decision to participate is entirely voluntary and free from any influence. Even after agreeing to participate, you may withdraw at any time without losing any of your rights or being

subjected to any penalty.

If you have any questions or concerns regarding this research, please contact the project investigator/advisor/researcher.

I have understood the explanations above. My questions have been answered satisfactorily. I voluntarily agree to participate in this study with the right to withdraw at any time. A copy of this form has been provided to me.

Participant/Parent or Legal Guardian *

Name, Surname :

Signature :

Date :

Instructor/Researcher

Title, Name, Surname :

Signature :

Date :

*If the participant is under 18 years of age, parental or legal guardian consent is required.