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**Form for giving consent**

After completion, please send the form to the following email address: ethics@iseg.ulisboa.pt

**1. Name of research project**

**2. Research project author**

**3. Expected duration of the research project**

**4. Foreseeable duration of participation in the research project**

**Annex I: Form (3 pages)**

**Annex II: Further information**

**CONSENT FORM**

**A - For each of the participants in the study, data will be collected on:**

 **Yes No**

1. Civil identification □ □

 1.1 Name □ □

 1.2 Place of birth □ □

 1.3 Parents □ □

 1.4 Marital status □ □

 1.5 Home address □ □

2. Tax number □ □

3. Professional situation □ □

4. Family circumstances □ □

5. Health □ □

 5.1 Vaccination □ □

 5.2 Diseases □ □

 5.2.1 own □ □

 5.2.1.1 previous □ □

 5.2.1.2 current □ □

 5.2.2 family members □ □

 5.2.2.1 previous □ □

 5.2.2.2 current □ □

 5.3 Surgical procedures □ □

 5.3.1 previous □ □

 5.3.2 planned □ □

 5.4 Medication □ □

 **Yes** **No**

6. Use of narcotics or psychotropic substances □ □

7. Personal assets □ □

 7.1 Monthly income □ □

 7.2 Assets □ □

 7.2.1 Financial □ □

 7.2.2 Property □ □

 7.3 Liabilities □ □

8. Political leaning □ □

 8.1 Party preference □ □

 8.2 Party membership □ □

 8.3 Ideology □ □

9. Religious leaning □ □

 9.1 Preference □ □

 9.2 Attendance □ □

10. Sexual activity □ □

**B – Where in "A" a "yes" has been indicated, the data collected a link may be established between the responses and the participant in the research:**

1. Only for the researcher □ □

2. To any qualified member of the scientific community □ □

3. To anyone □ □

**C – Where in “A” a "yes" has been indicated, at the end of the research, the data gathered will be:**

1. Destroyed □ □

2. Saved □ □

**D – Where, at the end of the research, the data gathered will not be destroyed, it will be stored:**

 **Yes No**

1. On the computer of the researcher □ □

2. On the computers of third parties □ □

**E – During the research, any of the participants:**

1. May, at any time, stop participating □ □

2. Have access to other participants' data □ □

3. May be subjected to psychological violence □ □

4. May be subjected to physical violence □ □

5. May refuse to answer a question □ □

6. May refuse to take part in a simulation □ □

7. Have the right to claim some benefit □ □

7.1 of no monetary value □ □

7.2 of monetary value □ □

8. Have the duty to provide some service of value □ □

8.1 for the benefit of the author of the research □ □

8.2 for the benefit of other participants □ □

I declare that at (place), on (date), I was given a duly filled out copy of the above form and that I agree to participate in the research entitled “.............................”

(signature of the participant)

(full name)

(signature of research author)

(signature of research author's supervisor, if applicable)

**ADDITIONAL INFORMATION**

I declare that at (location), on (date), I was given a copy of the above document and that I have no doubts about what will be required of me by participating in the research project entitled "............................."

(signature of participant)

(full name)

(signature of research author)

(signature of research author's supervisor, if applicable)