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| **Ethical Review Application No.:** (To be completed by the ERC) |  |
| **Title of the Project:**  (To be completed by the Applicant) |  |

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| **Instructions for Applicant:** |
| * When inviting a participant to provide information for a research project, ensure that the participant is adequately informed about the research, including its purpose, procedures, potential risks, and benefits. * Before collecting any information from the participant, you must obtain their written consent. This consent ensures that the participant understands the study and agrees to participate voluntarily. * Please use Attachment 1 (Invitation to Participate in a Research Project) to formally invite the participant and provide them with all necessary information. * Use Attachment 2 (Consent to Participate in a Research Project) to obtain the participant’s written consent. |

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| **Instructions for participant:** |
| * Carefully read the Attachment – 1: Invitation to Participate in a Research Project document. It outlines the purpose, duration, procedures, potential benefit/s, risks, etc. of the study. * Make sure you understand what your participation involves, including the duration, procedures, and any responsibilities you may have during the study. * If anything is unclear or if you have any concerns, do not hesitate to ask the principal investigator for clarification. Their contact details are provided in the invitation document. * If you choose to participate, you will be asked to sign a "Consent to Participate in a Research Project" form. This confirms that you understand the study and agree to participate. |

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| **Application for Ethical Review of Research Proposal**  **Attachment – 1 (Invitation to Participate in a Research Project)** (To be completed by the Principal Investigator) |

I, ………………. (name of principal investigator), a ………………. (designation) attached to ………………. (institute of affiliation) would like to invite you to take part in a research project on ………………. (project title in non-technical term) conducted by ………………. (Name/s of Investigator/s) at ………………. (study Site).

1. **Purpose:**

…………………………………….. (objective/s of the study in non-technical terms)

1. **Voluntary participation:**

Your participation in this study is voluntary. You are free to not participate at all or to withdraw from the study at any time despite consenting to take part earlier. There will be no impact on the rights / services which you are otherwise entitled.

1. **Duration, procedures of the study and participant's responsibilities:**

This study will be conducted over a period of ……….. (anticipated duration of study). If you volunteer to participate in this study, we will invite you to take part in the study. It will take approximately ……….. (time duration for questionnaire) to complete the task.

1. **Potential benefit/s:**

Participation in this study may benefit you / others by ……….. (benefits).

1. **Risks, hazards and discomforts:**

(If any potential or actual risks, hazards and discomforts should be clearly mentioned)

1. **Payment:**

You would be paid an honorarium of Rs. ……. (If any payment is to be made to the participant, please specify the amount). / You will not be paid any honorarium for participating in this study.

1. **Termination of study participation:**

You may withdraw from this study at any time with no penalty. Please notify the investigator as soon as you decide to withdraw your consent.

1. **Confidentiality:**

Confidentiality of all records is guaranteed and no information by which you can be identified shall be released or published. These data will never be used in such a way that the participant could be identified in any way in any public presentation or publication without the permission of the participant.

1. **Clarifications:**

Clarifications / questions about any of the tests / procedures or information could be directed to the principal investigator as mentioned below.

Name : …………….….………………………………………………………………

Email : ……….….……………………………………………………………………

Tel No. : ………………………………………………………………………………..

Address : ……………………………………………………………………………….. …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………..

1. **Additional information:**

If you require any additional clarification, have concerns, or wish to file a complaint related to this research project, please feel free to contact the Chairperson of the Ethical Review Committee as mentioned below

Email : erc@agri.pdn.ac.lk

Tel No : +94 81 239 6021

Address : Chairperson

Ethical Review Committee

Faculty of Agriculture

University of Peradeniya

Peradeniya.

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| **Application for Ethical Review of Research Proposal**  **Attachment – 2 (Consent to Participate in a Research Project)** (To be completed by the Participant) |

**Full name of the Participant:** …………………………………………………………………………….……..…..……………………………………………………………………………………………………………

**Address:** …………………………………………………………………………….……..…..…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| **Description** | **Yes** | **No** |
| Have you read the information sheet which is in your mother language? |  |  |
| Have you had an opportunity to discuss this study and ask questions? |  |  |
| Have you had satisfactory answers to all your questions? |  |  |
| Do you understand that you are free to withdraw from the study at any time? |  |  |
| Have you had sufficient time to come to your decision regarding participation? |  |  |
| Do you agree to take part in this study? |  |  |

**Who explained the study to you?** …………………………………………………………………………….……..…..……………………………………………………………………………………………………………

Signature of the Participant: ……………………… Date: ……………………..........

**To be completed by the investigator/ person obtaining consent**

I have explained the study to the above participant and he/she has indicated his/her consent to take part in this study.

Full name of the Investigator: ……………………………………………………………………………….……………………….………….…………………………………………………………………………………

Signature of the Investigator: ……………………… Date: ……………………..........