# PARTICIPANT INFORMATION SHEET

**Title of the Research Study:**Click here to enter text.

**Ethics Reference Number:**Click here to enter text.

**Principal Researcher/Supervisor:**Click here to enter text.

**Postgraduate Student (if applicable):**Click here to enter text.

**Address:**Click here to enter text.

**Contact Number:**Click here to enter text.

**Introduction**

Thank you for considering participation in our research study. This information sheet provides details about the study to help you decide whether you want to participate. Your involvement is entirely voluntary. You have the right to refuse participation or withdraw from the study at any time without any negative consequences.

The Institutional Review Board (IRB) at KIMEP University (IRB Number: [00000-00-A1]) has reviewed and approved this study, ensuring that it adheres to strict ethical guidelines.

**Study Details**

**What is this Study About?**
[Provide a brief description of the research study and its objectives.]

**Why Are We Asking You to Participate?**
[Explain the purpose of your participation and its importance to the research.]

**What Will You Be Asked to Do?**
[Detail the activities or tasks you will be required to complete as part of the study.]

**Will You Receive Any Compensation or Face Any Costs?**
[State if there will be any financial compensation or costs associated with participating in the study.]

**What Are the Possible Benefits and Risks? How Will Risks Be Prevented?**
[Describe the potential benefits of the study and any risks involved. Explain how these risks will be minimized.]

**How Will This Study Benefit You?**
[Explain any direct benefits you might gain from participating.]

**How Will Your Confidentiality and Privacy Be Protected?**
[Detail how your personal information will be kept confidential and what measures are in place to protect your privacy.]

**How Will the Findings or Samples Be Used?**
[Describe how the data or samples collected will be used and if they will be shared with others.]

**How Will Your Data Be Stored and Destroyed?**
[Explain how your data will be securely stored and how it will be disposed of once the study is completed.]

**How Will You Learn About the Results of This Research?**
[Describe how and when you will be informed of the results, if applicable.]

**Additional Information**

* If you have any questions or concerns about the study, please contact [Name] at [Contact Information].
* For any unresolved issues or complaints about the research, you can reach the IRB at [Contact Information] or email @kimep.kz.
* You will receive a copy of this information sheet for your records.

Thank you for taking the time to read this information. Your participation is greatly appreciated.