FREE AND INFORMED CONSENT FORM

ATTENTION

This is a model to be adapted to the needs of each research protocol. It contemplates the research's basic characteristics, but you must complement it orally with more detailed information about its methods and objectives. Remember that consent must be given in the form of an invitation, clarifying all procedures and guarantees related to the research in the best possible way. Furthermore, the form must have an appropriate language according to the target audience and must be adapted to the type of reality of the interviewee.

1. Project title: [Project title]

2. General characteristics and objectives of the research: The research is conducted by [name of researcher in charge], [academic affiliation and professional activity beyond research, if any] [Explain if, for any reason, other institutions are involved and their professionals may have access to the identified or identifiable personal data of the interviewees, mentioning them by name], and it is financed by [financier]. The other participants in this study are [describe the profile].

The research is being developed [as a conclusion work for the course X / as an autonomous research of the research center Y]. The objective of this study is [describe here, in a synthetic and accessible way, the objectives of the research].

**3. Procedures**: [Briefly explain the research methodology, focusing on interaction with human beings].

**4. Research participation**: Your participation in this research will consist of [provide details about the collection techniques here, the duration of the interaction, who will conduct it, who else will be present, among other relevant information, such as whether there will be audio, video or image record].

**5. Voluntariness and right of withdrawal**: Your participation is completely voluntary and not mandatory. You can withdraw from participation and withdraw your consent at any time. Your refusal, withdrawal or withdrawal of consent will not cause damage.

**6. Benefits and risks**: [Explain the possible risks and benefits of participating in the study, even minimal ones. Also, inform that the participants will have no expenses. If pertinent, add that any participation expenses (tickets and meals, for example) will be covered or reimbursed].

**7. Right of confidentiality and anonymity**: To ensure your privacy, the data obtained through this survey will not be identified [or will be anonymized]. [If necessary, reinforce security measures to maintain the confidentiality of the data obtained through the collection].

[If, for any reason, you need to identify the participants, including by voice or video recording, make it clear whether only FGV Researchers will have access to the content and whether personal data will be anonymized/unidentified in the survey results, such as articles or publications. Research that requires the identification of participants, such as those of a biographical nature, necessarily need to make clear in the consent form whether the information obtained may be revealed to the public].

**8. Guarantee of access to data and doubts in general**: You can ask questions about the project and your participation, in addition to gaining access to your data, at any time through the contacts indicated below.

[Insert name, academic position and affiliation and professional activity, postal address, e-mail and personal and institutional telephone numbers of the responsible researcher, in order to facilitate communication].

Committee for Ethical Compliance in Research Involving Human Beings of the Fundação Getulio Vargas - CEPH/FGV: Praia de Botafogo, 190, room 1511, Botafogo, Rio de Janeiro, RJ, Zip Code 22250-900, telephone +55 21 3799-6216. Email: etica.pesquisa@fgv.br

**9. Consent**: If you agree to participate in this research, sign [if possible] at the end of this document, which has two copies, one of which is yours and the other of the responsible researcher.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I understand the objectives, risks, and benefits of my participation in this research and that I agree to participate.**

[City and State], [date].

Participant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_