



The University of Jordan
 Faculty of Dentistry
 Academic Research Committee

Checklist

1- Participant Information Sheet

1. Your own name.
2. Name of study.
3. Explain study - aims (why doing it) and what will happen if the participant agrees to take part (when, where, how long etc).
4. Where study is taking place.
5. Participation is entirely voluntary.
6. Participation is anonymous and confidential.
7. Participant can decide not to answer any question if prefer not to.
8. Participant can withdraw at anytime without giving a reason (and without affecting education or care if applicable).
9. Your signed consent form (if applicable) will be stored separately from the responses you provide.
10. If you decide not to participate, it will not affect your education or care (if applicable).

2- Consent Form:

(You should include name of study and researcher and you should ask the participants to answer the following questions).

1. I have read the information sheet about this study.	Yes	No
2. I have had the opportunity to ask questions about this study.	Yes	No
3. I have received satisfactory answers to any questions.	Yes	No
4. I understand that I am free to withdraw from the study at any time, without giving a reason.	Yes	No
5. I agree to participate in this study.	Yes	No

Participant

Name

Date

Signature

NB: This consent form will be stored separately from the responses you provide.