



Informed Consent Form

Project Title: HDI Research

Participant (Full Name): _____

Participant Contact (optional): _____

By ticking / signing below, I confirm that:

- I have read the Participant Information Sheet and understand the study's purpose, procedures, risks and benefits.
- I voluntarily agree to take part in the study and understand I may withdraw at any time without negative consequences.
- I consent to the collection and processing of my data in accordance with the Privacy Notice.
- I agree that my responses may be used in de-identified form for scholarly publications and presentations.

Participant Signature: _____ Date: ____ / ____ / ____

Researcher Signature (if in person): _____ Date: ____ / ____ / ____

CONTACTS

Common study queries: contact@hdi.academy

Data / rights queries: law@hdi.academy

Complaints / appeals: compliance@hdi.academy