# OSTİM TECHNICAL UNIVERSITY

## THE BOARD OF SCIENTIFIC RESEARCH AND PUBLICATION ETHICS

**VOLUNTARY PARTICIPATION FORM**

You are kindly requested to participate in the research titled, “.....................................................……….” conducted by “................................................” All information about the research can be found below. Your participation in this study is completely voluntary. You may contact with researcher if you have any questions or uncertainties before deciding to participate.

**Researcher’s Title, Name and Surname:**

**Department:**

**E-mail:**

**Telephone:**

**1. PURPOSE OF THE RESEARCH AND METHODS**

(In this section, descriptive information such as the purpose of the research, its contribution to science, the role of the participants, what kind of method will be applied and the inconveniences it may cause to the participants should be included.)

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**2. PRIVACY AND PARTICIPANTS’ RIGHTS**

In our research, which is based entirely on voluntary participation, you have the right to refuse to participate. Any information that signifıes you or your institution will not be requested. All information identifıed with you within the scope of the research will be kept confıdential, the data collected will be used for scientifıc purposes only, will not be used for any purpose other than the purpose of the research or in any other research, and will not be shared with others without your (written) consent, if required. If you feel uncomfortable for any reason during your participation, you may leave the study at any time. In this case, it is suffıcient to tell the person conducting the study that you wish to withdraw from the study. If you leave the study, the data collected from you will be removed from the study and destroyed. While you will not be financially responsible for any expenses incurred for the study, you will not receive any money if you participate in the study.

I have read and understood the above information. Knowing that I can leave this study at any time, I accept that the information I have provided voluntarily can be used for scientific purposes.

 I agree  I do not agree (please select appropriate option)

that my contact information will be included in the "common research pool" so that other researchers can contact me, and that it will be processed within the framework of Law No. 6698 of the OSTIM Technical University on the protection of personal data.

(Please return this form to the person conducting the survey after completing and signing it.)

Participant’s:

Name, Surname: Date: / /

E-mail: Telephone:

Participant’s Signature:

(In case the participant is underage or not competent, the name, surname, signature of the parent)