Affix No. 7

INFORMED CONSENT FORM

I was given information about the research and my questions were properly answered. I agree to participate in the research and I understand that my participation is voluntary and that I may withdraw from the research at any time and without further explanation.

By signing this form, I agree to the usage of my depersonalised (coded) data in the study and to the publication of my data in the presentation of the study results.

(Signature of the informant, NAME, SURNAME) (date)

Statement by the person providing the information (researcher):

I, the undersigned, confirm that I have provided the informant who signs this consent form with full information about the research and that he/she understands the terms of his/her participation. I certify that the informant has received a copy of this signed and dated consent form.

(Signature of the researcher, NAME, SURNAME) (date)

If you have any questions about the study and your participation, you can contact the researcher:

(Researcher‘s NAME, SURNAME, phone number, e-mail address)