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| **ECOBREED Consent Form**  **Increasing the efficiency and competitiveness of organic crop breeding**  *To be filled by participant. The information shown below identifying the participant should be entered in the designated spaces at the time of execution of the consent document.*  Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Training course: \_\_ *Advanced genotyping* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of the course: \_*on-line*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period for trial and breeding: *21-25 June 2021*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | |  | Please mark: | | | I was informed about the about the aim, course of the study, effect to be expected, about possible advantages and disadvantages as well as about possible risks verbally and in writing by the trainer. | Yes | No | | I have read and understood the written information handed out for the project mentioned above. My questions in connection with it have been answered satisfactorily. I can keep the written information and receive a copy of my written declaration of consent. | Yes | No | | I had sufficient time to take my decision. | Yes | No | | I understand that I am free to withdraw from the training / trial at any time without having to give a reason for withdrawing. | Yes | No | | The confidentiality of my personal data was assured to me. Personal date will used anonymised at the publication of the project results. I approve of the fact however under a strict compliance with the confidentiality that the responsible experts of the authorities and the ethic commission may take look for examining and control purposes in my original data. | Yes | No | | I accept my face and voice to be recorded and the information to be used in reports with no other personal information attached. | Yes | No | | I have spoken to: Dr / Mr. / Ms. | | | | If aftereffects appear, I will contact Dr / Mr. / Ms. | | | | I agree to take part in Workshop/Training/Trial/Demonstration Event/Field Day/Conference | Yes | No |   Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Trainer's confirming statement:**  I have given to the participant information on the study, which in my opinion is accurate and sufficient for the participant to understand fully the nature, risks and benefits of the study, and the rights of a participant. There has been no coercion or undue influence. I have witnessed the signing of this document by the participant.  Trainer’s name (in block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trainer's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |