**Name of the study/thesis:** thesis of the Metropolia University of Applied Sciences (name of the degree programme): *“Name of the thesis”*

**Implementer of the study/thesis:** student X of the degree programme XX of Metropolia University of Applied Sciences, email: [firstname.lastname@metropolia.fi](mailto:firstname.lastname@metropolia.fi), tel: 040 1234 567. The instructor of the thesis of student X is the senior lecturer of the degree programme XX, Senior Lecturer Y (PhD, Health Sciences), email: [firstname.lastname@metropolia.fi](mailto:firstname.lastname@metropolia.fi), tel: 050 1234 567.

I [name of the participant/research subject] have been asked to participate in the above-mentioned research which will be carried out as part of the Bachelor’s level Metropolia University of Applied Sciences xxxx thesis. The purpose of the research is the following: *(concrete, brief description of the study, may be copied from the research plan).*

Personal data will be processed in the study related to the thesis. The basis for processing personal data in the thesis study is **consent**. Also data similar to health data will be processed in the thesis-related study. This data falls into, by virtue of the EU GDPR Article 9, special categories of personal data. Such data may only be processed if the data subject has given explicit consent.

I have received the briefing note of the study and understood it. From this briefing note I have received sufficient information on the study project, its purpose and execution, my rights and possible benefits and risks related to the study. I have had the opportunity to ask questions and I have received sufficient answers to all questions related to the study.

I have received information on the collection, processing and release of personal data and I have had the opportunity to familiarize myself with the Privacy Policy related to the study.

I have not been subject to any pressure to participate in the study.

I have had enough time to consider my participation in the study.

I understand that my participation is voluntary and that I can cancel this consent at any time without stating any reason. I am aware that if I interrupt my participation or cancel my consent, the data and samples collected of me up until the interruption and the cancelling of consent, may be processed as part of the research material.

**With my signature, I confirm my participation in this study.**

**The basis for processing personal data in this study is consent. With my signature, I also confirm my consent to the processing of my personal data. I have the right to cancel my consent in the manner described above.**

**In the research part of the thesis, also data similar to health data will be processed. This data falls into, by virtue of Article 9 of the EU GDPR, special categories of personal data. Such data may only be processed if the data subject has given explicit consent. With my signature, I confirm my consent to the processing of data similar to health data.**

\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ . \_\_\_\_. \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The original, signed consent of the research subject and a copy of the research briefing note with its annexes shall remain in the archive of the researcher. The research briefing note with its annexes and a copy of the signed consent shall be given to the research subject.