

INFORMED CONSENT FORM

TEENS CAN MEDITATE PROJECT

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Signature

By signing this informed consent form, you voluntarily agree to participate in this study. Signing this form does not interfere with your right to withdraw from this study at any time without an explanation.

By signing this informed consent form, I (the participant) confirm that I have read and understood the entire information letter and confirm that:

- I am 12 years of age and older
- I have read and understood the entire information letter that belongs to this study.
- I have been given the opportunity to ask questions about the study and that these questions were answered to my complete satisfaction.
- I had sufficient time to decide whether I would participate or not.
- I know that participation is completely voluntary.
- I know that the duration of the study is 6 weeks.
- I know I can decide to withdraw from the study at any time, without any negative consequences and without providing any explanation.
- [For personal data] I know I have the right, in principle, to request access to and rectify, erase, restrict or object to the processing of my personal data.
- I know that my research data will be processed as described in the information letter and only the researcher team have access to this data.
- I give permission to use my research data for the purposes that are mentioned in the information letter that belongs to this study.
- I give permission to store my research data for the period of 10 years.

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I hereby voluntarily agree to participate in the study: Teens Can Meditate

Name participant:

Signature:

Date : ____ / ____ / ____

Name of parent/ legal guardian

Signature:

Date : ____ / ____ / ____

To be completed by the researcher(s):

I hereby declare that I have fully informed the above-mentioned participant about this study.

Name researcher:

Signature:

Date : ____ / ____ / ____
