**INFORMED CONSENT**

**San Pablo City Local Public Transportation Route Planning Survey**

**Researchers:**

[Name] [email]

[Name] [email]

[Name] [email]

[Name] [email]

Dear Respondents

*(Edit the content base on the objectives and methods of data gathering) – remove this note before printing)*

You are being invited to participate in the survey investigating the different jeepney routes in San Pablo City. The survey includes assessing the number of commuters during peak and off-peak hours and determining the most common stops in each route where jeepneys load and unload passengers. There will be no direct benefits nor risks in answering this survey, but your answer would help the Local Public Transportation Route Planning Team in making plans to improve the flow of traffic in the city.

Your participation in this study is voluntary. If you agree to participate, you are free to withdraw from the study at any point without penalty. All information you provide in this study will be anonymous. Your name will not be linked to your information in any way; instead, codes will be used. Adequate safeguards will be used to maintain the privacy and confidentiality of all information you provide. When the results of the study are reported, only group results will be described, not individual results.

The researchers will answer any questions you have about the study before you agree to participate. You will be given a copy of this form to keep. For questions you may have after the study, please contact the investigator listed above. For questions about your rights as a research participant, please contact the Office of the Vice President for Research and Innovation at (email)

I have read the provided information, or it has been read to me. I have the opportunity to ask questions about it, and any questions I asked have been answered to my satisfaction. I understand that I will be given a copy of this form, and the researchers will keep another copy on file. I gave my consent voluntarily to be a participant in this study.

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Signature over Printed Name of Participants Date

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Signature over Printed Name of Researcher Date

*[Include this part only if the participant/respondent is illiterate] – remove this part if your participant/respondent is not illiterate*

I have witnessed the accurate reading of the consent form to the participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name of Participants Date

*A literate witness must sign, if possible, this person should be selected by the participant/respondent and should have no connection to the researchers – this is just a note. Remove this before printing*

Reviewed by: Approved by:

**Mr. PAUL ADRIAN S. AVECILLLA, RPm DR. JOHN MATTHEW A. AQUINO, RDPO**

Intellectual Property Rights Head, OVPRI University Data Privacy Officer

(ADJUST THE FONT OF NECESSARY. JUST MAKE SURE THAT THE INFORMED CONSENT IS READALE)