## **Statement 2/A**

### Information Sheet and Statement with regard to Research and Data Processing (sample)

**Dear (Interested Party/Participant),**

**We wish to invite you to participate in the research project specified below. Kindly read the following information sheet carefully. You may request further information, explanations from the person conducting the research.**

|  |  |
| --- | --- |
| Name (code) of the research project: |  |
| Designation of the relevant research topic: |  |

**General information on the research project**

|  |  |
| --- | --- |
| Name and contact information of researcher and/or person in charge of the research (supervisor/ research leader): |  |
| Organizer, financial contributor: |  |
| Objective of the research: |  |
| Method of selection for participation/access: |  |
| Form/manner of participation: |  |
| Description, explanation and time requirement of procedures: |  |
| Expected risk (inconvenience), benefit of participation: |  |

**Data processing policy**

|  |  |
| --- | --- |
| **General rules** | **Detailed data of the research project must be featured in this column** |
| **Scope of processed data:** |  |
| **Purpose of data processing:**Any data recorded for the purposes of scientific research may only be used for the scientific research project. |  |
| **Legal basis of data processing:** | **Consent of the data subject (guardian).** |
| **Persons carrying out data processing:**University staff involved in data processing shall process, store and destroy the relevant data in accordance with legislative provisions and university data protection policies.  | (Who is going to have access the data?) |
| **Method of data processing:**In the framework of processing data for scientific purposes, the Corvinus University of Budapest carries out data processing in a legal, fair manner that is transparent for natural persons, ensuring the rights of natural persons and limiting the storage of data to a duration strictly necessary, avoiding any data protection incident.The data processor processes the personal data made available with regard to the research activity exclusively for advancing the research activity and is not entitled to transferring them to any third party without the consent of the data subject. The answers provided by the data subject during the research will be processed, thereby the data will lose their personal nature and cannot be associated with the data subject any longer.The University shall only store any personal data on servers under its own physical control. The processed data may only be stored on the central servers of the university to which access is solely authorized for staff involved in data processing in a password-protected manner. All access shall be logged.  | How is confidentiality/data protection/privacy ensured (how is their absence addressed)How is identifiability eliminated/Is identifiability eliminated?How/when are the data used (are they disclosed/sold to others)?Is the information subsequently approved by the participant who had provided it?In what form are the collected data and their analysis published/transferred to third parties (to who, publicness, dissertation, reviewer)?What happens to the research findings, e.g. are the results published? (Declaration on whether publication is authorized with name/anonymously)?Does data processing also include paper-based data storage? |
| **Duration of data processing:**Any association of the personal data with the data subject shall be definitively made impossible as soon as this is permitted by the purpose of the research. Until then, data that are suitable for identifying specific or specifiable natural persons shall be stored separately. These data may only be joined to other data if that becomes necessary for the purpose of the research.  | Are the research results/data planned to be preserved and what does this imply exactly (form/ method and duration of storage)?How/when will the data be destroyed in the future (how long is it necessary to store them)?The data are preserved until the completion of the research project/ for …. years |

**Right of persons subject to data processing and ensuring such rights**

The data subject may request information/object to data processing or data transfer, may request the rectification and modification of data, as well as their blocking and even their erasure for the entire duration of data processing by contacting the University’s data protection officer.

Name of data protection officer:

e-mail address:

**Recourse to legal remedy:**

Any complaint related to data processing should be addressed to the National Authority for Data Protection and Information Freedom (www.naih.hu) directly. In case of any unlawful data processing, a civil action may be brought before the competent tribunal (<http://birosag.hu/torvenyszekek>).

If the research is related to any service provided to the participant (e.g. education, social work)/ to employment (e.g. workplace), the researcher must assure the participant that the research does not affect the received service/employment irrespective of whether he/she takes part in the research.

Budapest, ………………………………………..20

 ……….……………………..……………………………………..

signature

of the researcher completing the information sheet or of the research leader/supervisor

**I have read the Information Sheet on data processing related to the present research project and have taken note of its contents. By virtue of my signature, I consent to data processing as set out in the Information Sheet.**

Budapest, ……………………20

|  |  |
| --- | --- |
| **Name of person(s) conducting the research[[1]](#footnote-1)** | **Signature** |
|  |  |

**Statement 2/B**

### Consent to participating in the research[[2]](#footnote-2) (sample)

|  |  |
| --- | --- |
| Name (code) of the research project: |  |
| Designation of the relevant research topic: |  |
| Name of person conducting the research: |  |

1. **By virtue of my signature I hereby confirm that I have read and understood the information sheet dated ……………… with regard to the above project/research and the relevant data processing.**
2. **I was given the opportunity to weigh the information and to raise any question.**
3. **I have understood that my participation is voluntary and I have the right to cease my participation freely at any time without being obliged to offer any justification. In such cases I may request to have data that has been recorded about me so far erased.**

*I have understood that my data will be featured on an anonymous/non-anonymous basis in any publication of the research.*

1. *I have understood that an audio/video recording will be made of the interview/focus group, that such recording will be stored securely and will be destroyed within a time limit of …. of completing the research.*
2. *I have understood that my data are only accessible to persons working in the project/research or*

*I consent to having my anonymous/non-anonymous data stored/archived and be made available for use by other researchers (here further details should be added on confidential treatment).*

1. *I consent to my oral statements/photos being published with/without the indication of my name.*
2. *I agree to be contacted in the future with regard to this research/other future research*.

**I consent to taking part in the above project/research.[[3]](#footnote-3)**

**Done at, ………………………………………….**

|  |  |  |
| --- | --- | --- |
| **Name of participant** | **Date of birth** | **Signature** |
|  |  |  |

**I have provided full information and received the consent.**

**Done at , ………………………………………….**

|  |  |
| --- | --- |
| **Name of person conducting the research** | **Signature** |
|  |  |

**Statement 2/C**

### Consent by Guardian/Parent

|  |  |
| --- | --- |
| Name (code) of research project: |  |
| Designation of the relevant research topic: |  |
| Name of person conducting the research: |  |

**By virtue of my signature I hereby certify that I have read and understood the Information Sheet and Statement 2/A and the Consent to participating in the research 2/B above, in addition I was given the opportunity to weigh the information and to raise any question.**

Should you have any further questions with regard to the research, please contact the person conducting the research or the contact person of the organization that is the subject of the research. The contact details are as follows: (e.g. e-mail address).

Please indicate whether you consent to your child’s participation in the research program and return your consent form to the researcher or the contact person of the organization that is the subject of the research (e.g. to your child’s form teacher)

 I consent to the participation of my child/the person under my guardianship named ………………………in the research program.

 I do not consent to the participation of my child/the person under my guardianship named ………………………in the research program.

**Done at, ………………………………………….**

|  |  |
| --- | --- |
| **Name of guardian/parent** | **Signature** |
|  |  |

1. Each of the persons involved in the research should sign here. The number of lines may be extended. [↑](#footnote-ref-1)
2. The main statement (shown in bold) serves as a basis for the consent; the optional parts (shown in italics) may be modified/ cancelled/ complemented if necessary) [↑](#footnote-ref-2)
3. If the person lacks full legal capacity (e.g. younger than 18), the consent of the guardian/parent is also required. Please fill in the relevant form, too. [↑](#footnote-ref-3)