INFORMED CONSENT FORM

Study title: Climate Change Perception and Associated Factors among Health Professionals in Northern State, Sudan

Researcher: _____

Institution: _____

Invitation to Participate

You are invited to participate in a research study about climate change perception and associated factors among health professionals in Northern State, Sudan. Before you decide, please read the information below and ask any questions you may have.

Purpose of the Study

The purpose of this study is to assess health professionals' perceptions of climate change and identify factors associated with their knowledge, attitudes, and adaptive practices.

Study Procedures

If you agree to participate, you will be asked to complete a structured questionnaire. It will take approximately 10–15 minutes. No invasive procedure or clinical test will be conducted.

Voluntary Participation and Withdrawal

Your participation is entirely voluntary. You may refuse to participate or withdraw at any time without giving a reason and without any penalty or effect on your employment or access to services.

Risks and Benefits

There are no anticipated physical risks. Some questions may require time or cause minor discomfort. You may skip any question you do not wish to answer. You may not receive a direct benefit, but the findings may help inform awareness and adaptation strategies in the health sector.

Confidentiality

Your responses will be kept confidential and used only for research purposes. Your name will not be recorded on the questionnaire. Data will be stored securely and reported in aggregate form so that individual participants cannot be identified.

Costs and Compensation

There is no cost to participate and no payment or other compensation will be provided.

Questions or Further Information

If you have questions about the study, please contact the researcher using the details below. For questions about your rights as a participant, you may contact the responsible Research Ethics Committee.

Researcher contact details

Name: _____
Telephone: _____
Email: _____

Research Ethics Committee contact

Committee/Institution: _____
Telephone/Email: _____

PARTICIPANT CONSENT

I have read and understood the information above, or it has been explained to me. I have had the opportunity to ask questions, and my questions have been answered. I understand that participation is voluntary and that I may withdraw at any time without penalty. By signing below, I freely agree to participate in this study.

Participant name (optional)	_____
Participant signature / thumbprint	_____
Date	_____
Name of person obtaining consent	_____
Signature	_____

Note: Complete the researcher and ethics committee contact details, and obtain approval from the relevant Research Ethics Committee before using this form.