

**Form #2**

Informed consent to participate in a medical study that is not a medical experiment on human beings.

Helsinki committee request number: **0216-09-RMB**

I, as identified below:

First and last name:	
ID number:	
Address:	Zip code:

**A) Declare that I Agree to participate in the research, as detailed in this form.**

**B) Declare that the following clauses were explained to me by:**

Name of the explaining researcher\research assistant:

**(1) The leading researcher Dr. Yael Aylon was granted permission to perform the research by the medical establishment's director**

**(2) The study is about:**

Anger, aggression, and violence in hospitals – identifying the circumstances that lead to the phenomenon, it's implications and recommendations to lessen it.

**(3) I am free to choose not to participate in this study, and I am free to stop participating at any time, all without harming my right to receive treatment.**

**(4) My identity will be kept confidential by all involved in the research, and it will not be published anywhere, including scientific journals.**

**(5) In the case of filling the questionnaire – I am permitted to not answer all of the questions, or some of them.**

**C) I declare that I was given detailed information about the study, especially about the following details:**

**(1) Goals**

Identifying the circumstances and the process that leads to aggression and violence in hospitals, recognizing the consequences, and recommending ways of preventing aggression and violence in hospitals.

**(2) As part of the study, the participant is required to:**

**1. Filling the questionnaire**

**2. Participate in a personal interview**

**(3) The inconvenience that may be caused**

There should not be any inconvenience.

**D) I declare that I have given my consent out of my own free will, and I have understood all what is written above.**

**Additionally, I have received a copy of the informed consent form and the attachment (if there is one).**

**I am aware that if I have questions regarding this study, I can contact Dr. Yael Aylon via phone\answering machine: 04-8543116, 050-2062368**

<b>Participant's Name:</b>	<b>Participant's Signature:</b>	<b>Date:</b>

**Researcher's\Research Assistant's Declaration:**

<b>Name of the explaining researcher\research assistant:</b>	<b>Signature:</b>	<b>Date:</b>

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