Consent Form
(For Individuals 15 years of age or older, Parents or Guardians)

Dear Department Head of Medical Technology of Teikyo University,

Research Title: Research on the effect of the “Decluttering and Organizing Class” using a random comparison experiment for young people who have difficulty in organizing their rooms (separating participants into groups of those with or without class sessions by drawing in order to monitor the effects)

I received a document containing the following information from a person who explained the research, and having fully understood it, agree to participate in the research voluntarily.

What was explained to me
- [ ] Purpose and meaning of the research
- [ ] Subjects and method of the research
- [ ] Voluntary participation and right to withdraw consent
- [ ] Personnel responsible for and organization of the research
- [ ] Location and timeframe of the research
- [ ] Handling of research materials and personal information
- [ ] Handling of research results
- [ ] Funding for the Research
- [ ] Conflicts of interest
- [ ] Cost and Payment for Participation
- [ ] Potential advantages and disadvantages such as adverse events that may cause difficulties and how to handle them
- [ ] Conditions under which the research may be cancelled
- [ ] How to address questions and contact information

Year, Month, Date
Name (Signature)

The parents or guardians (If the person is a minor, or if there is anyone who lives together with him/her)

Name

Department of the person who provided the explanation

* (English version (actually using Japanese version))