

## **Informed consent form**

Dear Sir/Madam

Hello! We cordially invite you to participate in the research on the model construction of the relationship between clinical sense of belonging, occupational identity, and nursing information ability among nursing interns. This study is a project of the Foshan Health Bureau, with the aim of clarifying the current situation of your clinical sense of belonging, occupational identity, and nursing information ability, analyzing the relationship between the three, in order to provide you with targeted and personalized training programs, and promote your ability improvement.

We will not charge you any fees for participating in this study, and will not cause any harm to you. All personal information of you will be kept absolutely confidential and only used as a research institute. Please inform us truthfully. Whether to participate in this survey is entirely up to the decision, with the right to refuse participation. Refusal or withdrawal from the investigation will not have any impact on you. You can ask researchers questions or concerns and request answers.

Finally, thank you very much for your enthusiastic help!

I agree to participate in this survey, and based on the investigator's explanation, I understand the purpose of this survey. I have also learned that the survey data is for research purposes only and will be kept strictly confidential.

Participant Signature:

Date: Year Month Day

I have explained to the participants the purpose and significance of the study/survey, and given them the opportunity to raise questions. After answering the questions, the participant has expressed their knowledge and consent to participate in this study.

Researcher's signature:

Date: Year Month Day