**Sample Participant Consent Form**

**TITLE OF RESEARCH STUDY:**

*Please answer the following questions by ticking the response that applies*

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. I have read the Information Sheet for this study and have had details of the study explained to me. |  |  |
| 1. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point. |  |  |
| 1. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher. |  |  |
| 1. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet. |  |  |
| 1. I wish to participate in the study under the conditions set out in the Information Sheet. |  |  |
| 1. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes. |  |  |

**Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Researcher’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher's contact details:**

(Name, address, contact number of investigator)

**Please keep your copy of the consent form and the information sheet together.**