**PARTICIPANT CONSENT FORM**

|  |  |  |
| --- | --- | --- |
| **Title of Research Project:** |  | **Please initial box** |
| **Researcher(s):** |  |
| 1. I confirm that I have read and have understood the information sheet dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. | | |  | | --- | |  | |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline. | | |  | | --- | |  | |
| 1. I understand that, with regard to data protection, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish. | | |  | | --- | |  | |
| 1. I agree to take part in the above study. | | |  | | --- | |  | |

Participant Name Date Signature

Name of Person taking consent Date Signature

Researcher Date Signature

**Principal Investigator:**

Name

Work Address

Work Telephone

Work Email

**Optional Statements**

* The information you have submitted will be published as a report, journal article, book chapter, or presented at academic conference or teaching sessions for educational purposes; please indicate whether you would like to receive a copy.

|  |
| --- |
|  |

* I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications or presentations.

|  |
| --- |
|  |

* I can withdraw my consent to use my responses, or other data associated with me, at any time up to two weeks following the completion of the research study, but not after publication or presentation of the data I have provided.

|  |
| --- |
|  |

* I agree for the data collected from me to be used in future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee.

|  |
| --- |
|  |

* I understand and agree that my participation will be recorded using audio, video, or other technological means (please delete as appropriate), and I am aware of and consent to your use of these recordings for the following purposes (which must be specified clearly; examples may include: to identify themes from your responses, to identify common themes between your responses and other participants, to provide quotations or your responses to support research aims, for future research projects which include similar questions, for training students and/or other researchers, or other purposes identified as appropriate by the research theme which do not violate the confidentiality of my participation).

|  |
| --- |
|  |

* I understand that I must not take part if… [list exclusion criteria, for example pregnancy, age, gender, etc.]

|  |
| --- |
|  |

* I agree for these data collected from me to be used in relevant future research.

|  |
| --- |
|  |

* I would like my name used and I understand and agree that what I have said or written as part of this study will be used in reports, publications, and other research outputs so that anything I have contributed to this project can be recognised.

|  |
| --- |
|  |

* I understand that my responses will be kept strictly confidential **[only if true]**. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

|  |
| --- |
|  |

* I understand and agree that once I submit my data they will become anonymised and I will therefore no longer be able to withdraw my data.

|  |
| --- |
|  |

**FOR MARIARC PROJECTS ONLY:**

* I agree that my general practitioner (GP) physician may be contacted if any unexpected results are found in relation to my health.

|  |
| --- |
|  |