Research and Knowledge Exchange Ethics and Integrity Consent Form

Please complete all sections of the table below. Please pre-populate for participants.

|  |
| --- |
| **Project title:** |
| **Name of researcher:** |
| **Ethical approval reference number:** |
| **Date:** |
| **Participant identification number for this project:** |

CONSENT FORM **(Add version number)**

If you are using multiple Consent Forms indicate whether this is for child, parent, carer or for which condition.

|  |  |
| --- | --- |
| Action | Input initials |
| I confirm that I have read and understood the Information Sheet for the above study/feel I have the information necessary to participate |  |
| I have had the opportunity to consider the information, ask questions and have had had these answered satisfactorily |  |
| I understand that my participation is voluntary and that I am free to withdraw up to the date specified without giving reason |  |
| (If appropriate) I understand that the information collected about me will be used in research outputs (e.g. publications and presentations) in an anonymised form/where my identity will be obscured by pseudonymisation. |  |
| (if appropriate) I agree to being contacted for possible participation in future research studies |  |
| (if appropriate) I understand that the interview / focus group will be audio / video recorded |  |
| I agree to take part in the above study. OR I agree as a parent/guardian to a participant child taking part in the study. |  |

Please complete signature consent section on page 2

If participant is unable to sign then complete below by person nominated by the participant:

Note: One copy for participant and one for the researcher

Name of Participant:

Date:

Signature:

Name of Person taking consent:

Date:

Signature:

Name of nominated person:

Date:

Signature: