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| **[Insert title of project]**  **Consent form** | | | | | |
|  | | | | | Please initial box |
| 1 | I confirm I have read and understood the information sheet for the above study [insert version number and date], had the opportunity to ask questions, and had these questions answered satisfactorily. | | | |  |
| 2 | I understand my participation is voluntary and I am free to withdraw at any time without giving a reason and without my medical care and/or legal rights being affected. | | | |  |
| 3 | (If appropriate) I understand relevant sections of my medical notes and data  collected during the study, may be looked at by individuals from [insert company name], from regulatory authorities or from the NHS, where it is relevant to my taking part in this study. I give permission for these individuals to have access to my records. | | | |  |
| 4 | (If appropriate) I agree to my GP being informed of my participation in the study. | | | |  |
| 5 | (If appropriate) I understand my participation will be audio-recorded and analysed by  the study team. | | | |  |
| 6 | (If appropriate) I understand results and individual quotes may be published, however, it will not be possible to identify me in future publications. | | | |  |
| 7 | (If appropriate) I understand information collected about me will be used to support other ethically approved research in the future, and may be shared anonymously with other researchers. | | | |  |
| 8 | I confirm I am an adult and 18 years or older. | | | |  |
| 9 | I agree to take part in the above study. | | | |  |
| Name of participant  (print) | |  | Signature |  | Date  DD/MM/YYYY |
| Person taking consent  (print) | |  | Signature |  | Date  DD/MM/YYYY |