

INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR	Ensure name is indicated
PROJECT TITLE:	Ensure title is indicated
COLLEGE:	College of Healthcare Sciences

I understand the aim of this research study is **"insert aim here"**. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve an **(insert consent item here, e.g. interview, questionnaire and focus group)** and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

IF A LOW RISK STUDY WITH NO RISK OF DISTRESS– THIS DOT POINT IS NOT REQUIRED

- any risks and possible effects of participating in the **(insert consent item here)** have been explained to my satisfaction;

IF THE DATA IS NON-IDENTIFIABLE, REMOVE THE PART THAT SAYS "AND TO WITHDRAW ANY..."

- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice **and to withdraw any unprocessed data I have provided;**

IF THE DATA IS NON-IDENTIFIABLE, REMOVE THE WORD "CONFIDENTIAL"

- that any information I give will be kept strictly **confidential/anonymous** and that no names will be used to identify me with this study without my approval;

IF YOU ARE NOT CONDUCTING FOCUS GROUPS, REMOVE THIS POINT

- **confidentiality cannot be assured in focus groups. (Please remove if not relevant)**

(Please tick to indicate consent)

EXAMPLES ONLY: PLEASE DELETE ITEMS NOT RELEVANT TO YOUR PROJECT AND INSERT ITEMS WHICH ARE RELEVANT. LIST ALL THE TASKS/TESTS OF YOUR STUDY, ONE BY ONE.

I consent to be interviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent for the interview to be audio taped	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to complete a questionnaire (INDICATE WHAT TYPE; E.G., (...) A QUESTIONNAIRE ON PERSONALITY)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to participate in a focus group	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name: <i>(printed)</i>	
Signature:	Date:

- Please remove the water mark from this copy when submitting to ethics. To remove it, go to Design > Watermark > Remove watermark.
- On the top, you can add the Appendix letter (e.g., Appendix A). In your ethics application, indicate in which appendix (e.g., Appendix A) this form can be found. Remember to list appendices alphabetically (from A to Z).