**PARTICIPANT CONSENT FORM**

**\*\*\*This is an example – this form should be modified to be appropriate to your study\*\*\***

**Title of Research Project:**

It is important that you fully read, understand and sign the consent form. Your contribution to this research is entirely voluntary and you are not obliged in any way to participate. For information about the research, please see the Participant Information Sheet, or contact the researcher.

If you are satisfied that you understand the information, please read and put a tick in the box for each statement.

|  |  |
| --- | --- |
| I have been fully informed of the nature and aims of this study as outlined in the information sheet version X, dated 00:00:00 | □ |
| I consent to taking part in this the study | □ |
| I understand that I have the right to withdraw from the research …. (you should outline the withdrawal arrangements) | □ |
| I give permission for my words to be quoted (by use of pseudonym) | □ |
| I understand that the information collected will be in kept secure conditions for a period of \_\_\_ years at the University of Huddersfield | □ |
| I understand that no person other than the researcher/s and facilitator/s will have access to the information provided | □ |
| I understand that my identity will be protected by the use of pseudonym in the report and that no written information that could lead to my being identified will be included in any report | □ |

If you are satisfied with this consent, and are happy to take part in the research, please print and sign below.

|  |  |
| --- | --- |
| **Participant** | **Researcher** |
| **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

One copy to be retained by the participant / one copy to be retained by the researcher.