**Participant Consent Form**

|  |  |
| --- | --- |
| Project title: |  |
| Principal investigator (PI): |  |
| Researcher: |  |
| PI contact details: |  |

By participating in the study you agree that: [Required elements of the study should go in this section, and optional ones should go under the “tick yes or no” section below.]

* I have read and understood the Participant Information Sheet for the above study, that I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction.
* My participation is voluntary, and that I can withdraw at any time without giving a reason. Withdrawing will not affect any of my rights.
* I consent to my anonymised data being used in academic publications and presentations.
* I understand that my anonymised data will be stored for the duration outlined in the Participant Information Sheet.

**Please tick yes or no for each of these statements.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | I agree to being audio recorded. [delete as appropriate]. |  |  |
|  |  | **Yes** | **No** |
| **2.** | I agree to being video recorded. [delete as appropriate]. |  |  |
|  |  | **Yes** | **No** |
| **3.** | I allow my data to be used in future ethically approved research. |  |  |
|  |  | **Yes** | **No** |
| **4.** | I agree to take part in this study. |  |  |
|  |  | **Yes** | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person giving consent |  | Date |  | Signature |
|  |  | dd/mm/yy |  |  |
|  |  |  |  |  |
| Name of person taking consent |  | Date |  | Signature |
|  |  | dd/mm/yy |  |  |