I volunteer to take part in a research project carried out by <*Title and Full Name*> from <*Institution*>, working with <*Title and Full Name*> from <*Institution*>. I understand that the project will gather information about <*aim of Research Project*>. I will be one of about <N> people to complete this questionnaire and may be asked to be one of <*N*> people to be interviewed for this research.

1. My participation in this project is voluntary. I understand that I will not be paid for taking part. I may withdraw and stop taking part at any time. If I decide not to take part or withdraw from the study, no one will be told and no pre-existing or future relationships with the researcher(s) or research bodies will be affected.

2. I understand that if I feel uncomfortable in any way during the process, I have the right to refuse to answer any question or to withdraw.

3. Taking part involves completing this <*questionnaire/ interview/ observation etc*> by < *Full Name*>. The <*questionnaire/interview/observation etc*> will take approximately <*N*> minutes to. <Notes / voice recording / videoing> will be used by the researcher to record events and as data for the project. If I don't wish to be recorded in this manner, I will not be able to take part in the study.

4. I understand that the researcher will not identify me by name in any reports or other forms of publication using information obtained, and that my confidentiality as a participant in this study will remain secure. Any use of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. The data may be used without further consent in future publications

5. I understand all data will be stored <*in password protected files, in locked cabinet*> and data will be destroyed after a period of <N weeks / months or years>.

6. I understand that this research study has been reviewed and approved by the <*Gatekeeper*>

7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form.

My Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Printed Name ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Investigator:



For further information, please contact: <Full Name> <Email>