Knowledge Exchange Ethics Consent Form

Please complete all sections of the table below.

|  |
| --- |
| **Project title:** |
| **Name of researcher:** |
| **Ethics Approval reference number:** |
| **School / Institute** |
| **Participant Identification Number for this project** |

CONSENT FORM **(Add version number)**

if you are using multiple Information Sheets indicate whether this is for Child, Parent, Carer or for which condition.

|  |  |
| --- | --- |
| Action | Input initials |
| I confirm that I have read and understood the Information Sheet for the above study |  |
| I have had the opportunity to consider the information, ask questions and have had had these answered satisfactorily |  |
| I understand that may participation is voluntary and that I am free to withdraw at any time without giving reason |  |
| (If appropriate) I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. |  |
| (if appropriate) I agree to being contacted for possible participation in future research studies |  |
| (if appropriate) I understand that the interview / focus group will be audio / video recorded |  |
| I agree to take part in the above study. OR I agree to my child taking part in the study. |  |

Please complete signature consent section on page 2

If participant is unable to sign then complete below by person nominated by the participant:

Note: One copy for participant and one for the researcher

Name of Participant:

Date:

Signature:

Name of Person taking consent:

Date:

Signature:

Name of nominated person:

Date:

Signature: