**CONSENT FORM**

**Study title**:

**Researcher name**:

**ERGO number**:

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet (*insert date /version no. of participant information sheet*) and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw (at any time) for any reason without my participation rights being affected. |  |

Name of participant (print name)……………………………………………………………………………

Signature of participant……………………………………………………………………………………….

Date……………………………………………………………………………………….. ………………….

Name of researcher (print name)…………………………………………………………………………..

Signature of researcher ……………………………………………………………………………………….

Date………………………………………………………………………………………………………………..

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