

**PARTICIPANT CONSENT FORM***(Attention and learning)*

**You are making a decision whether or not to participate. Your signature indicates that, having read the information provided on the participant information sheet, you have decided to participate.**

.....  
Signature of Research Participant

.....  
Signature of Parent or Guardian (when relevant)

.....  
(Please PRINT name)

.....  
(Please PRINT name)

.....  
Date

.....  
Signature(s) of Investigator(s)

.....  
Please PRINT Name

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**REVOCATION OF CONSENT***(Attention and learning)*

I hereby **WITHDRAW** my consent to participate in the research proposal described above and direct that any data collected from me be destroyed.

I understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales.

.....  
Signature

.....  
Date

.....  
Please PRINT Name

The section for Revocation of Consent should be forwarded to David Luque (d.luque@unsw.edu.au).