**I, the undersigned, confirm that (please tick box as appropriate):**

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| --- | --- | --- |
| 1. | I understand the information about the project. | 🞏 |
| 2. | I have been given the opportunity to ask questions about the project and my participation. | 🞏 |
| 3. | I voluntarily agree to participate in the project. | 🞏 |
| 4. | I understand I can withdraw at any time without giving reasons and that I will not be penalized for withdrawing nor will I be questioned on why I have withdrawn. | 🞏 |
| 5. | The procedures regarding confidentiality have been clearly explained to me. | 🞏 |
| 6. | The use of the data in research, publications, sharing and archiving has been explained to me. | 🞏 |
| 7. | I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form. | 🞏 |
| 8. | Select only **one** of the following:   * I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised. * I do not want my name used in this project. | 🞏 |
| 🞏 |
| 9. | I, along with the Researcher, agree to sign and date this informed consent form. | 🞏 |

**Participant:**

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Name of Participant Signature Date

**Researcher:**

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Name of Researcher Signature Date