

PARTICIPANT CONSENT FORM

Study Title:

Please initial box

1. I confirm that I have read and understood the Participant Information Sheet for the above study.
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my medical care or legal rights being affected.
4. I understand that my anonymised data will be stored for a minimum of 5 years and may be used in future ethically approved research.
5. I agree to take part in this study.

Name of person giving consent

Date

Signature

Name of person taking consent

Date

Signature
