 **Consent Form**

**[Study Title]**

**Please tailor the consent criteria below to account for the required consent approvals for your study.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicate your consent by placing your initial in the right hand side box | | | | | |
| 1 | I confirm I am an adult and 18 years or older. | | | |  |
| 2 | I confirm I have read and understood the information sheet for the above study, had the opportunity to ask questions, and had these questions answered satisfactorily. | | | |  |
| 3 | I understand my participation is voluntary and I am free to withdraw at any time without giving a reason and without my rights being affected. | | | |  |
| 4 | I understand my participation will be video/audio-recorded and analysed by the study team. | | | |  |
| 5 | I understand results and individual quotes may be published, however, it will not be possible to identify me. | | | |  |
| 9 | I agree to take part in the above study. | | | |  |
| Name of participant  (print) | |  | Signature |  | Date  DD/MM/YYYY |
| Person taking consent  (print) | |  | Signature |  | Date  DD/MM/YYYY |