

# Community Based Surveillance towards One Health

## Participant Consent Form- Workshops

To confirm your participation in this research study, please complete this form. You should keep this information in a safe place.

	YES	NO
<b>This research has been explained to me. I have had a chance to ask questions, and I have understood all the information that I have been given.</b>		
<b>I agree to my anonymous data being publicly shared for the purposes of transparency and verification, for other researchers to use the data in the future and for teaching purposes.</b>		
<b>I would like to take part in this research study.</b>		
<b>I agree to this workshop being recorded.</b>		
<b>I agree that we can quote things you say to in reports or publications as long we don't use your name, or anything else that could identify you.</b>		

Name of participant

Date

Signature

\_\_\_\_\_

Name of data Researcher

Date

Signature

\_\_\_\_\_

Name of Witness (if participant cannot sign for themselves)

Date

Signature

\_\_\_\_\_