

**CI601 Participant Consent Form – Online Survey**

**Title of Project: DentalConnect: A web application for aggregated dental appointments**

**Name of Researcher: Daniel Bennett**

|  |  |
| --- | --- |
| I have read and understood the information sheet for the above study, and have had the opportunity to consider the information and ask questions. | Yes |
| The researcher has explained to my satisfaction the purpose, principles and procedures of the study and any possible risks involved. | Yes |
| I am aware that I will be required to take part in an online survey (no researcher present). (**STUDENT MAY INCLUDE THIS CONSENT IN THE ONLINE SURVEY)** | Yes |
| I understand that my participation is voluntary and that I may withdraw by closing my browser window but after submitting the anonymous survey it is no longer possible to remove individual data. | Yes |
| I understand how the data collected will be used, and that any confidential information will normally be seen only by the researchers and will not be revealed to anyone else. | Yes |
| I agree to take part in the above study. | Yes |

Minas Fakhori, November 30th

………………………………………………………………………………………………………………………………………

Name of Participant, Date, Signature

Daniel Bennett, November 1st

……………………………………………………………………………………………………………………………………….

Name of Researcher, Date, Signature