**Consent form**

*[Delete me: text in square brackets and red font is for information only and should be deleted. Other text may be altered to better suit the specific research study, but the key messages must be retained]*

|  |  |
| --- | --- |
| **Research Title:** | *[insert title as it is listed on the Participant Information Sheet]* |
| **Lead researcher:** | *[insert name, position and affiliation as it is listed on the Participant Information Sheet]* |
| **Other researchers:** | *[insert names, positions and affiliations of other researchers as listed on the Participant Information Sheet]* |
| **Ethics approval number:** | *[insert ethics approval number]* |

**Declaration by Participant**

* I have read the Participant Information Sheet (version number *[insert number]*) or someone has read it to me in a language that I understand.
* I understand the purposes, procedures and risks of the research.
* *[If applicable]* I meet the selection criteria for participation as explained in the Participant Information Sheet.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that I will not receive any benefit from my involvement in the project except as detailed in the Participant Information Sheet.
* I freely agree to participate in this research project and understand that I am free to withdraw at any time. I understand what will happen to the data and information if I decide to withdraw.
* I understand that I will be given a signed copy of this document to keep.

*[If applicable]* I consent for my non-identifiable *[samples and]* data to be used in future research that is an extension of or related to this project (please circle). YES / NO

*[If applicable]* I consent for my non-identifiable *[samples and]* data to be used in any future research, including sharing with external researchers (please circle). YES / NO

|  |  |
| --- | --- |
| Participant name (please print): |  |
| Date: |  |
| Participant signature: |  |

**Declaration by parent/guardian** *[delete table if not needed; in some cases a separate parent/guardian consent form may be more appropriate]*

|  |  |
| --- | --- |
| Parent/guardian name (please print): |  |
| Relationship to the participant: |  |
| Date: |  |
| Parent/guardian signature: |  |

**Declaration by Researcher**

I have answered any questions about the research project, and I believe that the participant has understood the purpose, procedures and risks involved.

|  |  |
| --- | --- |
| Researcher name (please print): |  |
| Date: |  |
| Researcher signature: |  |