**School of Health & Science Ethics Committee**

**Participant Consent Form Template**

**Notes:**

* This is a template for a Participant Consent Form which is to help you create your own Consent Form.
* This Consent Form is not suitable for studies involving the collection of blood or tissue samples.
* Not all bullet points and phrases in this template will apply to your particular study.
* If your study does not involve patients, watch out for words like ‘patient,’ ‘future care,’ ‘medical care,’ ‘potential risks’ ‘medical records,’ and ‘storage and future use of information’ as they may not apply.
* This form is based on a template provided by Beaumont Hospital Ethics Committee and their permission to use a modified version of their template is acknowledged.



**Participant Consent Form**

|  |
| --- |
| **Study title:**  |

|  |  |  |
| --- | --- | --- |
| I have read and understood the **Information Leaflet** about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. | **Yes**  | **No**  |
| I understand that I don’t have to take part in this study and that I can opt out at any time. I understand that I don’t have to give a reason for opting out and I understand that opting out won’t affect my future INSERT AS RELEVANT | **Yes**  | **No**  |
| I am aware of the potential risks of this research study. INSERT ONLY IF APPLICABLE | **Yes**  | **No**  |
| I have been assured that information about me will be kept private and confidential. | **Yes**  | **No**  |
| I have been given a copy of the Information Leaflet and this completed consent form for my records. | **Yes**  | **No**  |
| **Storage and future use of information:**I give my permission for information collected about me to be stored or electronically processed for the purpose of research and to be used in related studies or other studies in the future but only if the research is approved by a Research Ethics Committee. | **Yes**  | **No**  |

 | |

----------------------------------------------------------------------------------------------------------------------------

Participant Name (Block Capitals) | Participant Signature | Date

**To be completed by the Researcher:**

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

 | | |

----------------------------------------------------------------------------------------------------------------------------Name (Block Capitals) | Qualifications | Signature | Date