

Example: Consent Form for [Insert Research Participant Group]

This is an example of an informed consent form for a research study. The statements provided on this form are not exhaustive. You may need to amend the statements or add statements according to your research study.

Title of Study:

*For research involving the NHS: IRAS ID: Participant ID:*

Thank you for your interest in taking part in this research. Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research study. You will be given a copy of this Consent Form.

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| --- | --- | --- |
| Please initial box to confirm consent | | |
| 1. | I confirm that I have read the information sheet dated *[insert date]* (version *[insert version]*) for the above study, I have had the opportunity to consider the information, ask  questions and I have had any questions answered satisfactorily. |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, *[without my medical care or legal rights being affected]*. I understand that if I decide to withdraw, any data that I have provided up to that point  will be *[specify whether data will be omitted or included].* |  |
| 3. | I consent to the processing of my personal information *[specify what personal information will be collected]* for the purposes of this research study, as described in the  information sheet dated *[insert date]* (version *[insert version]*). |  |
| 4. | I consent to my *[anonymised/pseudonymised]* research data being stored and used by  others for future research. |  |
| 5. | I understand that my research data may be published as a report. |  |
| 6. | (If appropriate) I consent to the retention of my personal information *[specify what personal information will be collected]* for X weeks, for the purpose of being re-  contacted. |  |
| 7. | (If appropriate) I understand that my research data may be looked at by individuals from  *[insert company/organisation/institution name(s)]*, where it is relevant to my taking part in this research. |  |
| 8. | (If appropriate) I consent to being *[audio and/or video]* recorded and understand that the recordings will be *[specify storage procedure: destroyed within X weeks after the data has been collected / destroyed immediately after transcription and/or stored anonymously on password-protected software and used for research purposes only]*. (If appropriate) I understand that being audio and/or video recorded is optional and therefore not  necessary for my participation in this research. |  |
| 9. | I agree to take part in this research project. |  |
|  | *Participant*    *Name of participant Signature Date* | |
| *Researcher*    *Name of researcher Signature Date* | |

Consent Form Version XX / Date XX/XX/XXXX

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