

INFORMED CONSENT FORM

This is an informed consent form dealing with medical research with children, adults, and the elderly. We may or may not include people with learning difficulties, crime, or any data needed for internet research and/or research within organisation/workplace.

I, _____, confirm that (please check box as appropriate):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated _____.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	<input type="checkbox"/>
3.	I voluntarily agree to participate in the research.	<input type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	<input type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymization of data, etc.) to me.	<input type="checkbox"/>
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	<input type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input type="checkbox"/>
9.	Select only one of the following:	<input type="checkbox"/>
	<ul style="list-style-type: none"> • I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this research can be recognised. • I do not want my name used in this research. 	<input type="checkbox"/>
10.	I, along with the Researcher, agree to sign and date this informed consent form.	<input type="checkbox"/>

Participant's Signature

Print Name

Date

Researcher's Signature

Print Name

Date