# Participant Consent Form

* I understand that my participation is voluntary.
* I understand that I can withdraw my participation at any point, even after I have started, and that I do not have to give a reason.
* I understand that my data will be treated in a confidential manner. Where data from this project will be published, data will [delete as appropriate] be published in aggregate form / will not contain any identifiable information.
* [Where applicable] I understand that I can ask for my data to be removed upon my request / by [date] at the latest.
* I have received the Participant Information Sheet.
* I understand what my participation my entail.
* [Where applicable / delete as appropriate] I understand that there are no risks involved / there is a minimal / small / considerable risk of [ ]. I understand that this study has received ethics approval for [ ].
* Where I have had questions about this research they have been answered in full.

Having read and understood the participant information form and the consent form, I agree to participate.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_