



## Sample Consent Form

### TITLE OF STUDY:

**Please answer the following questions by circling your responses:**

Have you read and understood the information sheet about this study? YES NO

Have you been able to ask questions about this study? YES NO

Have you received enough information about this study? YES NO

Do you understand that your responses will be recorded?  
The recordings will be transformed into text within 3 week  
and the tapes destroyed. YES NO

Do you understand that you are free to withdraw from this study? YES NO

At any time up until the tapes are destroyed? YES NO

Without giving a reason for your withdrawal? YES NO

Your responses will be anonymised before they are analysed.

Do you give permission for members of the research team to  
have access to your anonymised responses? YES NO

Do you agree to take part in this study? YES NO

Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants. It will also certify that you have had adequate opportunity to discuss the study with an investigator and that all questions have been answered to your satisfaction.

**Signature of participant:**..... **Date:**.....

**Name (block letters):**.....

**Signature of investigator:**..... **Date:**.....

Please keep your copy of the consent form and the information sheet together.