(Sample) Consent Form for Vulnerable Groups

NOTE TO RESEARCHERS: *Please delete points which are not relevant to your protocol before submitting it:*

- I the undersigned voluntarily agree to take part in the study on ……..
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.
- I agree to the investigators contacting my general practitioner about my participation in the study, and I authorise my GP to disclose details of my relevant medical or drug history, in confidence. [NB: your GP will only be contacted by the investigators if you give your permission for them to do so]
- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.
- I acknowledge that in consideration for completing the study I shall receive the sum of £.... I recognise that the sum would be less, and at the discretion of the Principal Investigator, if I withdraw before completion of the study.
- I understand that in the event of my suffering a significant and enduring injury (including illness or disease) as a direct result of my participation in the study, compensation will be paid to me by the University *(or sponsor where a clinical trial is sponsored by a pharmaceutical company)*, subject to certain provisos and limitations. The amount of compensation will be appropriate to the nature, severity and persistence of the injury and will, in general terms, be consistent with the amount of damages commonly awarded for similar injury by an English court in cases where the liability has been admitted
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) .....

Signed .....

Date .....

In the presence of (name of witness in BLOCK CAPITALS) .....

Signed .....

Date .....

Name of researcher/person taking consent (BLOCK CAPITALS) .....

Signed .....

Date .....