**Researcher to note**:

**Sample Research Participant Consent Form**

* You can use a ‘tick box’, ‘initial box’ or ‘delete YES/NO format’ for participant answers to statements. Whichever you use, **there must be a mark in response** to each of the ‘please indicate’ items:
* There should be no data collected on the consent form as this will be stored separately from data.
* Do carefully consider the specific nature of your project and whether any additional statements should be included ensure the participant’s full and informed consent.



**Research Participant Consent Form**

Name of study:

Name and email address of researcher:

Name and email address of supervisor (where appropriate):

**Research Participant** - please read the following statements and indicate your response to each statement.

|  |  |
| --- | --- |
| I confirm that have read and understood the information sheet about this study | Yes/No |
| I agree to participate in this study | Yes/No |
| I have had the opportunity to ask questions about this study | Yes/No |
| I have received satisfactory answers to my questions about this study | Yes/No |
| I understand my participation in this study is voluntary | Yes/No |
| I understand that I am free to withdraw from the study/research project at any time *(consider at what point it will be impossible for a participant’s data to be withdrawn)*, without giving a reason and without detriment to myself | Yes/No |
| I understand that my data will be….. *(How it will be stored, how long will it be stored for, will it be re-used, anonymized, what will happen when the project ends…..etc)* | Yes/No |
| I agree to….*(is the project to be recorded, for example videos and/or photographs in some way)* | Yes/No |
| I agree that…. *(specific information about how the participant’s data will be used)* | Yes/No |
| I understand that confidentiality may be breached in circumstances as detailed in the information sheet *(only include if relevant)* | Yes/No |
| I agree….*(if personal data are to be retained, when and how the participant’s contact details would be used, for example should they need to be provided with summary of their activity findings)* | Yes/No |
| I agree…*(provide details of how their data may be re-used in the future)* | Yes/No |

Participant signature………………………………………………….. Participant Name …………………………………………………..

Date …………………………

Please note that this Consent form will be stored separately from the responses you provide.

If you have any concerns about this research, please email ethics@rhul.ac.uk.