**\*\*This is a template form and must be tailored to meet the needs of your study and should be displayed on departmental headed paper.**

**CONSENT FORM FOR *[INSERT TARGET GROUP* IN RESEARCH STUDIES**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact Details of the Researcher(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact Details of the Principal Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact Details of the UCL Data Protection Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This study has been approved by the UCL Research Ethics Committee: Project ID number: \_\_\_\_\_\_\_\_\_\_\_**

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

**I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.**

|  |  |  |
| --- | --- | --- |
|  |  | Tick Box |
|  | \*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction*[and would like to take part in (please tick one or more of the following)* * *a group discussion*
* *an individual interview*
* *a joint interview]*

  |   |
|  | \*I understand that I will be able to withdraw my data up to *[insert date if stated on the Information Sheet]* OR *[insert text clearly defining time limit e.g. 4 weeks after interview]* |  |
|  | \*I consent to the processing of my personal information *(provide information on what personal information specifically will be collected)* for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation. |  |
|  | **Use of the information for this project only**\*I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified *(unless you state otherwise, because of the research design or except as required by law).* I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications.ORAnonymity is optional for this research. Please select from the following 3 options:1. I agree for my real name and role/affiliation to be used in connection with any words I have said or information I have passed on.
2. I request that my comments are presented anonymously but give permission to connect my role/affiliation with my comments (but not the title of my position).
3. I request that my comments are presented anonymously with no mention of my role/affiliation.
 |  |
|  | \*I understand that my information may be subject to review by responsible individuals from the University (to include sponsors and funders) for monitoring and audit purposes. |  |
|  | \*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, [*without the care I receive or my legal rights being affected*].I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise. |  |
|  | I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.  |  |
|  | I understand the direct/indirect benefits of participating.  |  |
|  | I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.  |  |
|  | I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.  |  |
|  | I understand that I will be compensated for the portion of time spent in the study (if applicable) or fully compensated if I choose to withdraw.  |  |
|  | I agree that my [anonymised] [psuedonymised] research data may be used by others for future research. [No one will be able to identify you when this data is shared.]  |  |
|  | I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No |  |
|  | I consent to my interview being audio/video recorded and understand that the recordings will be:EITHER* destroyed within *[insert text defining the time e.g. x weeks/months after the data has been collected or following transcription.]* or destroyed immediately following transcription.

OR* Stored anonymously, using password-protected software and will be used for training, quality control, audit and specific research purposes.

To note: If you do not want your participation recorded you can still take part in the study. |  |
|  | I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher. |  |
|  | I hereby confirm that:1. I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and
2. I do not fall under the exclusion criteria.
 |  |
|  | I agree that my GP may be contacted if any unexpected results are found in relation to my health. |  |
|  | I have informed the researcher of any other research in which I am currently involved or have been involved in during the past 12 months. |  |
|  | I am aware of who I should contact if I wish to lodge a complaint.  |  |
|  | I voluntarily agree to take part in this study.  |  |
|  | Use of information for this project and beyond I would be happy for the data I provide to be archived at [insert location].I understand that other authenticated researchers will have access to my [anonymised] [pseudonymised] data.  |  |
|  | **Overseas Transfer of Data [***if applicable]**I understand that my personal data will be transferred …….and the following safeguards will be put in place ……………* |  |

**If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.**

|  |  |  |
| --- | --- | --- |
|  | Yes, I would be happy to be contacted in this way |  |
|  | No, I would not like to be contacted |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness Date Signature

(If applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher Date Signature