**Consent** Form

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Name of Principal Investigator:

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

Title of Research:
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The objectives of this research have been explained to me.

I understand that I am free to withdraw from the research, and ask for my data to be destroyed if I wish [give a deadline].

I understand that my anonymity is guaranteed, unless I expressly state otherwise. All material from the experiment will be stored securely and treated confidentially by the investigators.

I confirm that I am 18 or over.

I understand that the Principal Investigator of this work will have attempted, as far as possible, to avoid any risks, and that safety and health risks will have been separately assessed by appropriate authorities.

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| --- | --- | --- |
| Optional | I agree for my personal data to be kept in a secure database for the purpose of contacting me about future studies. |  |

Under these circumstances, I agree to participate in the research.

If you have any further queries or if you wish to withdraw from the study, you can contact the lead researcher, [name, email]. If you have any concerns or complaints about the Ethical conduct of this study, please contact the Research Administrator, Faculty of Health Research Ethics and Integrity Committee, University of Plymouth, Level 2 Marine Building, Drake Circus, Plymouth PL4 8AA Email: FOHEthics@plymouth.ac.uk

**Name: …………………………………… Date: ………………………………………..**

**Signature: .....................................……**