Consent Form  
Template\_CF\_2022v1.0

Project title

Researcher name(s)

**NOTE TO RESEARCHER: Amend/delete all text in red as appropriate.** ***All guidance information (blue italics) should be deleted.* The final text should be all in black.**

The University of St Andrews attaches high priority to the ethical conduct of research. We therefore ask you to consider the following points before signing this form. Your signature confirms that you are willing to participate in this study, however, signing this form does not commit you to anything you do not wish to do and you are free to withdraw your participation at any time.

**Please initial box**

|  |  |
| --- | --- |
| * I understand the contents of the Participant Information Sheet (marked ‘[INSERT PIS FOOTER CODE]’) | ⬜ |
| * I have been given the opportunity to ask questions about the study and have had them answered satisfactorily. | ⬜ |
| * I understand that my participation is entirely voluntary and that I can withdraw from the study at any time without giving an explanation and with no disbenefit [*add if an NHS-based study* without my medical care or legal rights being affected]. | ⬜ |
| * I understand who will have access to my data, how it will be stored, in what form it will be shared, and what will happen to it at the end of the study. | ⬜ |
| * I understand that I will be able to withdraw my data [before/within] [SPECIFIC DATE/TIME LIMIT], and I understand that if my data has been anonymised, it cannot be withdrawn # | ⬜ |
| * *add if appropriate* I agree to being quoted directly against my name in research publications | ⬜ |
| * *add when an NHS-based study if appropriate* I agree to my GP being informed of my participation in the study | ⬜ |
| * I agree to take part in the above study | ⬜ |

**Photographic images / audio recordings / video images *NOTE TO RESEARCHER:*** *delete statements not relevant to your research*

I understand that part of this research involves recording images/audio/video data. These will be kept securely and stored separately to any identifiable information, i.e. consent forms and questionnaires.

Audio and visual data can be a valuable resource for future studies and therefore we ask for your additional consent to maintain this data for this purpose.

|  |  |
| --- | --- |
| * I agree to have my photo taken / to being audio recorded / to being filmed | ⬜ |
| * I agree to my image / audio / video material to be published as part of this research. | ⬜ |
| * I give permission for my image / audio / video material to be used in future studies without further consultation. | ⬜ |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that I am willing to take part in this research** | | | |
|  | **Print name** | Date | **Signature** |
| Participant |  |  |  |
| Person taking consent |  |  |  |

*Please personalise the footer, inserting text in place of the square brackets. See notes on PIS template for more guidance.*

***NOTE TO RESEARCHER:*** *if you intend to collect electronic or verbal consent, justify and explain how this will be obtained/evidence in your ethical application form (Q31)*