# CONSENT FORM

# PARTICIPANT CONSENT FORM

Participant’s name: Address:

**Title of the project**:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Signature of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*(****Note****: Consent form should be appropriately worded for adults and children (less than 18 years)*

*e.g. If the participant is less than 18 years of age, instead of ‘my participation’, ‘my child’s/ward’s participation’ needs to be replaced. Separate assent form should also be obtained from the adults and children (less than 18 years).*