

**CONSENT FORM**

Title of research project: [Insert title of the research project]

SREC reference and committee: [Insert SREC reference and committee or other relevant reference numbers]

Name of Chief/Principal Investigator: [Insert name(s)]

|  |  |
| --- | --- |
|  | **Please initial box**  |
| I confirm that I have read the information sheet dated [INSERT DATE OF PIS] version [INSERT VERSION NUMBER OF PIS] for the above research project.  |  |
| I confirm that I have understood the information sheet dated [INSERT DATE OF PIS] version [INSERT VERSION NUMBER OF PIS] for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily. |  |
| I understand that my participation is voluntary and I am free to withdraw at any time without giving a reason and without any adverse consequences (e.g. to medical care or legal rights, if relevant). [IF RELEVANT] I understand that if I withdraw, information about me that has already been obtained may be kept by Cardiff University. |  |
| [IF RELEVANT] I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data.  |  |
| I consent to the processing of my personal information [INSERT THE SPECIFIC PERSONAL INFORMATION TO BE COLLECTED] for the purposes explained to me.  I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation. |  |
| I understand who will have access to personal information provided, how the data will be stored and what will happen to the data at the end of the research project. [IF THERE ARE SPECIFC OPTIONS FOR PARTICIPANTS TO DECIDE HOW THE DATA CAN BE USED, LIST THEM HERE]. |  |
| [IF RELEVANT] I understand that after the research project, anonymised data may be [SELECT APPROPRIATE STATEMENT FOR DATA SHARING] made publicly available via a data repository and may be used for purposes not related to this research project. I understand that it will not be possible to identify me from this data that is seen and used by other researchers, for ethically approved research projects, on the understanding that confidentiality will be maintained. |  |
| [IF RELEVANT] I consent to being audio recorded/ video recorded/ having my photograph taken for the purposes of the research project and I understand how it will be used in the research. |  |
| [IF RELEVANT] I understand that anonymised excerpts and/or verbatim quotes from my [INTERVIEW/QUESTIONNAIRE ETC] may be used as part of the research publication. |  |
| [IF THE RESEARCH INVOLVES HUMAN TISSUE, REFER TO WORDING SET OUT IN THE SEPARATE TEMPLATE HUMAN TISSUE CONSENT FORM]. |  |
| [INSERT FURTHER STATEMENTS HERE, IF REQUIRED] |  |
| I understand how the findings and results of the research project will be written up and published.  |  |
| I agree to take part in this research project. |  |

Name of participant (print) Date Signature

Name of person taking consent Date Signature

(print)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role of person taking consent**

**(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**