[The highlighted text are example, optional statements. Guidance is provided in square [] brackets. Statements or information should be tailored to suit the nature of the research. Before submitting to the HREC, remove the highlighting and information in square brackets. Include a version number and date of the consent form in the footer.]

**Human Research Ethics Committee (HREC)**

**CONSENT FORM**

1. I have read the attached Information Sheet and agree to take part in the following research project:

|  |  |
| --- | --- |
| **Title:** | **Researcher to insert title of the project as written on the participant information sheet.** |
| **Ethics Approval Number:** | **Researcher to insert this number (allocated once the project has been approved.** |

1. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
2. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

 [This statement should be removed for professionals.]

1. Although I understand the purpose of the research project is to improve the quality of health/medical care, it has also been explained that my involvement may not be of any benefit to me.
2. I agree to participate in the activities as outlined in the participant information sheet.

[For projects with multiple activities, it can be useful to list them and if they are optional include checkboxes for participants to indicate the activities they agree to undertake].

1. I agree to be:

Audio recorded ☐ Yes ☐ No

Video recorded ☐ Yes ☐ No

Photographed ☐ Yes ☐ No

[This statement can be modified to only include the recording that will take place. Remove the whole statement if it is not relevant].

1. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.

 [This statement should be modified in studies that collect anonymous information e.g. “I understand that as my participation is anonymous, I can withdraw any time up until submission of the survey/completion of the interview. I am aware that if I decide to withdraw this will not affect medical advice in the management of my health, now or in the future.”]. Ensure this accurately reflects the research activity for which consent is sought.

1. I have been informed that the information gained in the project may be published in a book/journal article/thesis/news article/conference presentations/website/report etc.

[Remove items not relevant and add any other ways the results may be published.]

1. [Choose one of the options below that best reflects the arrangements made in relation to identification of research participants. Delete the other options. If a different arrangement has been made, modify an option to accurately reflect those arrangements. Remove the ‘Option a./b./c./’ reference at the start of the statement before submitting the consent form to the HREC.]

Option a. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.

Option b. I give consent/do not give consent to be named in the published materials.

Option c. I have been informed that while I will not be named in the published materials, it may not be possible to guarantee my anonymity given the nature of the study and/or small number of participants involved.

1. I agree to my information being used for future research purposes as follows:

Research undertaken by these same researcher(s) Yes [ ]  No [ ]

Research undertaken by any researcher(s) Yes [ ]  No [ ]

1. I hereby provide ‘extended’ consent for the use of my data or tissue in future research projects that are:
* (i) an extension of, or closely related to, the original project: Yes [ ]  No [ ]
* (ii) in the same general area of research (for example, genealogical, ethnographical, epidemiological, or chronic illness research): Yes [ ]  No [ ]

**OR**

1. I hereby provide ‘unspecified’ consent for the use of my data or tissue in any future research:

 Yes [ ]  No [ ]

1. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.
2. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

**Participant to complete:**

Name: Signature: Date:

**Researcher/Witness to complete:** [This can be removed for electronically returned consent forms.]

I have described the nature of the research to

 *(print name of participant)*

and in my opinion she/he understood the explanation.

Signature: Position: Date: