Remember to delete the advisory text and update the details in the footer to be specific to the research for which you are seeking ethics review.

**PARTICIPANT CONSENT FORM**

CUREC Approval Reference: Rxxxxx/RExxx

**[Study Title]**

Study Summary: [Insert]

|  |  |  |
| --- | --- | --- |
|  |  | *Please initial each box if you agree* |
| 1 | I confirm that I have read and understand the information sheet version dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without penalty. |  |
| 3 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford where it is relevant to my taking part in this study. I give permission for these individuals to access my data. |  |
| 4 | I understand that this research is not suitable for diagnosing a medical condition and that I should consult my GP with my medical concerns. |  |
| 5 | (Include if applicable) I agree that data collected at OHBA / WIN / OCMR during my participation in a previous study may be used in conjunction with this study, and I understand the procedure to obtain this information involves releasing my identifying details to a limited number of people at OHBA / WIN / OCMR. |  |
| 6 | I understand who will have access to personal data provided, how the data will be stored securely, and what will happen to the data at the end of the project. |  |
| 7 | I understand how to raise a concern or make a complaint. |  |
| 8 | I agree to take part in the above study. |  |
| **Optional:** | I agree that my contact details can be retained in a secure database so that the researchers can contact me about future studies. | YES/ NO |

 dd / mm / yyyy

Name of Volunteer Date Signature

 dd / mm / yyyy

Name of person taking consent Date Signature