[***Template Notes*** *(delete this section once your form has been created):*

* This Informed Consent Form is to be completed by participants recruited to the research study.
* If your participants are under the age of 18, two forms need to be completed – one by the participant, and one by the parent/guardian.
* Where participants are under 18, please modify the form as necessary to ensure it uses age-appropriate language.
* Please delete any of the template statements which are not applicable.

Participant Information – please **agree** to the statements by using your **initials**:

|  |  |
| --- | --- |
| I confirm that I have read the Participant Information Sheet for this study |  |
| I confirm that I have had the opportunity to ask questions and to discuss my involvement in the research study with the research team |  |
| (if applicable) I confirm that I have received satisfactory answers to my questions |  |
| I confirm that I have received enough information to inform my decision to participate in this research |  |
| I understand the following statements: |
| 1. I understand that I have the right to withdraw without providing a reason
 |  |
| 1. I understand that I can withdraw from this study at any time until such a date which I have been told, after which withdrawal is no longer possible
 |  |
| 1. I understand and have been assured that if I withdraw this will not affect my future at the University (if I am or intend to become a student / staff member)
 |  |
| [If applicable] I agree to my participation being recorded |  |
| I understand that anonymised research data in which I will not be identified/identifiable may be submitted to public data archives  |  |
| [If applicable] If you agree that research data in which you are identified/identifiable may be used by the University of Greenwich in future research projects, please confirm here |  |
| I consent to taking part in this study |  |
| **Participants Name (BLOCK LETTERS):** |  |
| **Participants Signature:** |  |
| **Date Signed (DD/MMM/YYYY):** |  |
| **[If applicable]** **Parent/Guardian Name (BLOCK LETTERS):** |  |
| **[If applicable]** **Signed Parent/Guardian:** |  |
| **[If applicable]** **Date Signed (DD/MMM/YYYY):** |  |
| **Researchers Name (BLOCK LETTERS):** |  |
| **Researchers Signature:** |  |
| **Date Signed (DD/MMM/YYYY):** |  |
| Researchers Contact Details – **Email Address** and **Direct** **Work** Telephone (if applicable) |
| [PhD Students Only] Supervisors Contact Details – **Email Address** and **Direct** **Work** Telephone (if applicable) |