*This Consent Form template should be used as a prompt for the development of your final Consent Form. Not all of the suggestions on this template will necessarily apply to all projects. Appropriate deletions and additions will need to be made.*

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Description automatically generated

**Title of the project**

***Principal Investigator: Dr/Professor …………..*** (e-mail address and telephone number)

## CONSENT FORM FOR PARTICIPANTS

Following signature and return to the research team this form will be stored in a secure place for ten years.

Name of participant:…………………………………………..

1. I have read the Information Sheet concerning this study and understand the aims of this research project.
2. I have had sufficient time to talk with other people of my choice about participating in the study.
3. I confirm that I meet the criteria for participation which are explained in the Information Sheet.
4. All my questions about the project have been answered to my satisfaction, and I understand that I am free to request further information at any stage.
5. I know that my participation in the project is entirely voluntary, and that I am free to withdraw from the project before its completion *(specify a date if necessary).*
6. I know that as a participant I will...

(*detail the expectations in respect of provision of information including access to medical records, completion of questionnaires, undergoing measurements of physical or mental function, and of donation of tissue, blood or other body fluid as listed in the information sheet)*

1. I know that the (*questionnaire, interview etc)* will explore the *(briefly describe the question line)* and that if the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) , and /or may withdraw from the project without disadvantage of any kind.
2. I understand the nature and size of the risks of discomfort or harm which are explained in the Information Sheet.
3. I know that when the project is completed all personal identifying information will be removed from the paper records and electronic files which represent the data from the project, and that these will be placed in secure storage and kept for at least ten years.
4. I understand that the results of the project may be published and be available in the University of Otago Library, but that either (i) I agree that any personal identifying information will remain confidential between myself and the researchers during the study, and will not appear in any spoken or written report of the study  or (ii) I agree to be named or identified in the study and will sign a waiver form.
5. I know that there is no remuneration offered for this study, and that no commercial use will be made of the data.
6. I understand that the (*tissue, blood or other body fluid)* samples will be (*provide details of storage, and disposal with opportunity to ask for karakia if appropriate).*

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| --- | --- | --- |
| Signature of participant: |  | Date: |
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|  |  |  |
| --- | --- | --- |
| Name of person taking consent |  | Date: |
|  |  |  |