**DO NOT SUBMIT AN UNEDITED TEMPLATE TO AN ETHICS COMMITTEE: Red text must be amended / removed.**

**This form should be on headed paper including relevant contact details and must have a date and version number.**

**Consent Form Template**

**Version X.X, dated dd/mm/yyyy**

**Title of Project:**

**Name and Contact Details of Researcher(s):**

**Name and Contact Details of Supervisor:** (remove where not applicable)

**REC Reference Number:** (this can be added after review)

Before you consent to participating in the research, please read the participant information sheet and then mark each box below with your initials if you agree. If you have any questions or queries before signing the consent form please speak to the researcher.

|  |  |
| --- | --- |
|  | ***Please initial the boxes*** |
| 1. I have read and understood the research information sheet dated DD/MM/YYYY (version ##) or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) |  |
| 1. I have been given the opportunity to ask questions about the project, ask questions and have had these answered satisfactorily. |  |
| 1. I understand that my taking part is voluntary. I also understand that I can discontinue participation at any point and I can also withdraw myself and my data from the research. Specify any date or time limit that may apply, e.g. up to 2 weeks after participation. Also specify if data can’t be deleted, e.g. focus group data if removal will affect the focus group as a whole. Only offer participants the opportunity to withdraw their data "at any time" if you can guarantee their data will never be used in published works and that there will always be a point of contact to reliably remove their data. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |
| 1. I understand that data collected during this research will be processed in accordance with data protection law as explained in the Participant Information Sheet |  |
| THE FOLLOWING SHOULD ALWAYS BE THE LAST CLAUSE ON THE FORM (so insert and number any additional clauses above) |  |
| 1. I agree to take part in the above research |  |

|  |  |  |
| --- | --- | --- |
| **Name of participant [printed]** | **Signature** | **Date** |
|  |  |  |
| **Name of person taking consent [printed]** | **Signature** | **Date** |
|  |  |  |

When completed, 1 copy for the participant, 1 copy for the research file

**Additional, Optional Clauses**

Researchers should ensure that they include any additional clauses which they deem necessary for their research; this may require drafting of original statements. Examples of commonly used clauses are included at the end of this document; and can be adjusted to reflect the requirements of the project; it is not an exhaustive list. In some cases consent to specific clauses may be optional; in such cases, it is helpful to provide two boxes: one indicating ‘yes’, the other ‘no’.

Add relevant clauses to template above and delete those that are not applicable

|  |  |
| --- | --- |
| **Procedures entailing some risk to the person or privacy of the participant** |  |
| I confirm that I aged 18 years or older (or specify applicable required age range). |  |
| I understand my personal details such as name, phone number, address and email address etc. will be collected but will not be revealed to people outside the project. |  |
| I consent for photographs/video of me to be taken during the experiment for use in scientific presentations and publications (with my identity obscured). |  |
| I consent for photographs/video of me to be taken during the experiment for use by the research team only (my image will not be shown to others / and will be destroyed after the data has been analysed). |  |
| I consent for my interview to be audio / video recorded. The recording will be transcribed and analysed for the purposes of the research (add further details about destruction or subsequent storage of recordings and / or transcripts). |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs but that there is a risk that I could be identified. |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |
| I understand that participation will include: (add any particularly demanding, painful, invasive or potentially embarrassing procedures). |  |
| **Wider use of data, tissue, DNA** |  |
| I agree to the data I contribute being retained for any future research that has been given a favourable opinion by a Research Ethics Committee. |  |
| I agree for my personal details to be retained securely so that I can be contacted in the future in relation to other research that may be relevant to me that has been given a favourable opinion by a Research Ethics Committee. |  |
| I give permission for the [specify the data] that I provide to be deposited in [name of data repository]so it can be used for future research and learning |  |
| I understand that the information (or add other examples such as tissue, DNA, etc.) collected about me will be used to support other research in the future, and may be shared anonymously with other researchers (or add other organisations or other purposes e.g. teaching). |  |
| I understand that to maximise the re-use and societal benefit of this research, anonymous data (which does not identify me) will be publicly shared at the end of the project and may be made open access under a licence. I understand that this means anyone else (including researchers, businesses, governments, charities, and the general public) will be allowed to use this anonymised data for any purpose that they wish (including commercial purposes), providing that they credit the University and research team as the original creators. |  |
| **Limitations to Confidentiality** |  |
| I understand that whatever I say in the interview is confidential unless I tell the researcher that I or someone else is in immediate danger of serious harm, or the researcher sees or is told about something that is likely to cause serious harm. If that happens, the researcher will raise this with me during the interview and tell me about what could happen if I continue to talk about it and explore how I would prefer to deal with the situation. The researcher will encourage me to seek support from (add relevant persons or agencies) to help me make the situation safer. If the researcher feels unsure that I will go and get support, they will talk to me about what they need to do and what might happen next. In an extreme case where a child (or add any other vulnerable person including the interviewee) is at serious risk, and I choose not to seek help/advice the researcher has a duty to disclose this to the relevant agencies. |  |
| I understand that should I disclose any concerns with regard to my own, or others’ professional practice in the course of the interview, the researcher might be duty bound to refer the matter to relevant agencies. |  |
| I understand that should I disclose possible criminal offences that have not been investigated or prosecuted, in the course of the interview, the researcher may report the matter(s) to relevant agencies. |  |
| I agree to be named as a participant and referred to accordingly. |  |
| **Dissemination of Results** |  |
| I understand that the results of this research may be published and / or presented at meetings or academic conferences, and may be provided to research commissioners or funders (*Give the name of the Company / Organisation here, or remove the reference if not applicable)*. I give my permission for my anonymous data, which does not identify me, to be disseminated in this way. |  |
| I would like to receive further information about the results of the research. (Add further information regarding the format of the results, e.g. personal or those relating to the research as a whole). |  |
| **So that the information you provide can be used legally by the researchers** |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to Keele University |  |
| **Incidental Findings** |  |
| I understand that the tests / investigations (adjust as necessary) are designed for the purposes of the research and I will not receive any personal results relating to my health or well-being. |  |
| I understand that the tests / investigations (adjust as necessary) are designed for the purposes of the research but in the event of the results indicating any concerns about my health or well-being, I agree to this information being passed on to (add GP or other Health Care Professional(s)) |  |