

**PARTICIPANT CONSENT FORM**

**Study Title**: ……………………………….

 Please initial box

1. I confirm that I have read and understood the Participant Information Sheet for the above study.

2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.

3. I understand that my participation is voluntary and that I can withdraw at any time without giving a reason, with no detriment to me.

4. I agree to take part in this study.

Name of person giving consent Date Signature

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Name of person taking consent Date Signature

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