**“Title of Project”**

Participants should complete items 1 to 9 themselves

|  |  |
| --- | --- |
|  | Please circle either YES or NO |
| 1. I have read the information sheet entitled ‘<<name of study>>’. | YES / NO |
| 2. I have had the chance to discuss the study and to ask questions. | YES / NO |
| 3. I have had satisfactory answers to all of my questions. | YES / NO |
| 4. Who has explained the study to you?  Prof/Dr/Mr/Mrs/Ms…………………………………………………………… |  |
| 5. I understand that I am free to withdraw from the study:   * At any time. * Without having to give a reason. * Without prejudice to my academic standing at the University of York. | YES / NO |
| 6. I know that the research information that I will provide will be kept strictly confidential. I understand that the information collected about me will be used to support other research in the future, and may be shared with collaborators and/or used in research and teaching. Fully anonymised data may also be made publicly accessible and used in publications. In all these cases, no personally identifiable information will be revealed without my written agreement. | YES / NO |
| 7. If I have any questions or concerns about the research, I know I can contact <<name of contact>> at <<place where the contact works>> on <<telephone number>>. | YES / NO |
| 8. Do you agree to take part in the study? | YES / NO |
|  |  |
| 9. PARTICIPANT Signature of Participant.……………………………………………………….……………... Date……..……………………  Name (BLOCK LETTERS) ……………………………………………………………………………………………………...….. | |
| 10. INVESTIGATORI have explained the study to the above participant and he/she has indicted his/her willingness to take part. Signature of Investigator...……………………………………………..……….……..…. Date…………….…..…….….  Name (BLOCK LETTERS) …………………………………………………….…………………………………………..…..….. | |