

CONSENT FORM II

PARTICIPANT CONSENT FORM

Participant's name:
Title of the project:

Address:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study.

I fully consent to participate in the above study.

Signature of the participant: _____ Date: _____

Signature of the witness: _____ Date: _____

(Note: Consent form II should be appropriately worded for adults and children (less than 18 years) e.g. If the participant is less than 18 years of age, instead of 'my participation', 'my child's/ward's participation' needs to be replaced.)