

PARTICIPANT CONSENT FORM
(Version 1.1, Date: xx/xx/20xx)

Project Title:

Provide the title for the study

Contact Details:

Provide contact details for the main researcher

Please initial box

1. I confirm that I have read and understood the information sheet dated/...../..... (version number) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that sections of any of data obtained may be looked at by responsible individuals from the Swansea University or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to these records.

4. I agree to take part in the above study.

| | | |
|-------------------------------|------|-----------|
| Name of Participant | Date | Signature |
| Name of Person taking consent | Date | Signature |
| Researcher | Date | Signature |