

SAMPLE
CONSENT FORM

***NB to Researcher/Supervisor: Design the consent form to SUIT your research project. Please remove any statements below that are not relevant to your research before submitting for approval OR add pertinent statements. The consent form should be kept to one page, if possible.**

The Consent Form is given to and retained by the Southern Cross University researcher for their records. The Information Sheet is kept by the participant.

The participant may request a copy of their consent form.

Title of research project:

Name of researcher:

Tick the box that applies, sign and date and give to the researcher

I agree to take part in the Southern Cross University research project specified above. Yes No

I understand the information about my participation in the research project, which has been provided to me by the researchers. Yes No

I agree to be interviewed by the researcher. Yes No

I agree to allow the interview to be *audio-taped and/or *video-taped. Yes No

I agree to make myself available for further interview if required. Yes No

I agree to complete questionnaires asking me about ??? (insert general topic) Yes No

I understand that my participation is voluntary and I understand that I can cease my participation at any time. Yes No

I understand that my participation in this research will be treated with confidentiality. Yes No

I understand that any information that may identify me will be de-identified at the time of analysis of any data. Yes No

I understand that no identifying information will be disclosed or published. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I consent to the {data} or {tissue} collected in this research being used in future research. Yes No

I am aware that I can contact the researchers at any time with any queries. Their contact details are provided to me. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee Yes No

Participant's name: _____

Participant's signature: _____

Date: _____

Please tick this box and provide your email or mail address below if you wish to receive feedback about the research.

Email: _____