**CONSENT FORM**

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| --- | --- |
| **Researcher Name**: |  |
| **Email Address:** |  |
| **Telephone:** |  |
| **Date:** |  |
| **Project Title:** |  |

I have read, understood and/or have been read and explained to me in my first language (…………..…….), the Information Statement describing the above-named project, and I understand its contents.

I understand the purpose, extent, and possible risks of my involvement in this project and agree to participate as a subject in the project.

I understand that I have the right to withdraw from the project at any time and withdraw all given information as well.

I consent publication of the project findings on the understanding that my anonymity will be preserved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

**For Assent:**

*(If applicable)* I am signing this Consent Form on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whom I represent in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If applicable)* I am signing this Consent Form as parent/legal guardian on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age (\_\_\_\_\_\_\_\_\_\_years) giving my assent to her/him to participate in this project.