Participant consent form

[ADAPT THE BELOW INFORMATION including by replacing the sections in italics with relevant project specific information AND PLACE ONTO YOUR ORGANISATION’S LETTERHEAD]

*[INSERT NAME AND ADDRESS OF KEY CONTACT PERSON FOR THE PROJECT]*

**PARTICIPANT CONSENT FORM**

I, ............................................................................ [PRINT NAME], give consent to my participation in the research project

TITLE: [insert name of project]

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved (including any inconvenience, risk, discomfort or side effect, and of their implications) have been explained to me, and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

3. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney, The George Institute for Global Health or partner organisations now or in the future.

4. I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity.

5. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

6. I would like to Receive Feedback about my results

 YES🞏 NO🞏

 If you answered YES to the “Receiving Feedback Question 6”, please provide your details i.e. mailing address, email address.

 **Feedback Option**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:**

**Name:**

**Date**: