**INFORMED CONSENT FORM**

**Thank you for considering taking part in this research.**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University of Surrey Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The person asking for your consent must explain the project to you before you agree to take part. If you have any questions about the Information Sheet or their explanation, please ask the researcher before you make your decision. You will be given a copy of this Consent Form and the Information Sheet to keep and refer to at any time.

By **initialling** each box, you are consenting to this part of the study. Any un-initialled boxes will mean that you DO NOT agree to that part of the study, and this may mean you are ineligible for the study.

*Guidance:*

* *Please number each statement in the consent form.*
* *Please* ***do not remove*** *the mandatory statements 1-7.*
* *The optional statements are for the researcher to consider including, but they must mirror what is stated in the information sheet.*
* *Remove the red guidance wording before submitting your application.*

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| **Taking part in the study** |
|  | Statement | Please initial each box |
| **1** | I confirm that I have read and understood the information sheet dated [INSERT DATE AND VERSION NUMBER] for the above study. I have had the opportunity to consider the information and asked questions which have been answered satisfactorily. |  |
| **2** | I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason. Furthermore, I understand that data already collected can only be withdrawn up to [insert date if stated on Information Sheet] OR [insert text clearly defining time limit e.g. “one month after the interview”]. |  |
| **3** | I understand that information I provide may be subject to review by responsible individuals from the University of Surrey and/or regulators for monitoring and audit purposes. |  |
| **4** | I understand that information I provide will be used in various anonymised outputs, including [report, publication, presentation, website etc]. |  |
| **5** | I understand that my personal data, including this consent form, which link me to the research data, will be kept securely in accordance with data protection guidelines, and only be accessible to the immediate research team or responsible persons at the University. |  |
| **6** | I understand any personal contact details collected about me, such as my phone number and address, will not be shared beyond the study team. |  |
| **7** | I agree to take part in this study. |  |

*Depending on the nature of your project, you may need to add some additional consent statements, especially if some areas of the project are optional.*

*Some suggested/optional consent statements are given below. Add or delete as necessary. Further guidance can be found here: https://www.ukdataservice.ac.uk/manage-data/legal-ethical/consent-data-sharing/consent-forms.aspx*

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| **8** | OPTIONAL. I agree that my GP may be contacted if any unexpected results are found in relation to my health and understand that I will be informed when this happens. |  |
| **9** | OPTIONAL. I understand that my anonymity cannot be guaranteed in the [discussion forums/focus groups], but participants will be asked to keep the discussions confidential, and the research team will keep any information collected confidential. |  |
| **10** | OPTIONAL. I agree to keep the discussions in the [focus groups/forums] confidential. |  |
| **11** | OPTIONAL. I consent to the processing of my special category data [race; ethnic origin; political beliefs; religious or philosophical beliefs; trade union membership; genetic or biometric data; physical or mental health; medical information; sex life; or sexual orientation] for the purposes stated in the information sheet. |  |
| **12** | OPTIONAL. I consent to my [audio recording/video recording/photo] to be used for the purposes stated in the information sheet. |  |
| **13** | OPTIONAL. I agree that my real name can be used for quotes |  |
| **14** | OPTIONAL. I agree for my [personal data/audio recordings/photos/videos] to be transferred to research collaborators external to the University of Surrey for the purposes described in the information sheet. X` |  |
| **15** | OPTIONAL. I consent to having tissue samples collected from me for the purposes stated in the information sheet and I understand my rights to withdraw and how I can obtain results from the research team. |  |

*Depending on the nature of your project, you may need to add some additional consent statements regarding future use. Some suggested/optional consent statements are given below. Add or delete as necessary.*

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| **Future use of the information in the study** |
|  | Statement | Please initial each box |
| **16** | OPTIONAL I give permission for my de-identified data to be archived [in our University of Surrey Repository, or in an external data archive (e.g. UK Data Archive) but with a record in our University of Surrey Repository containing a link to the externally held data] and shared anonymously with other researchers, in order to carry out future research [specify any restrictions on use e.g. not for commercial use or only safeguarded access]. |  |
| **17** | OPTIONAL. I consent to my identifiable [personal data/special category data] to be deposited/stored in [name of archive] for similar future ethically approved research studies and I understand that I can withdraw this consent at any time without giving a reason. |  |
| **18** | OPTIONAL. I agree for my personal contact details to be stored by the research team who may wish to invite me to participate in follow-up studies to this project or in future studies being conducted at the University of Surrey. |  |
| **19** | OPTIONAL. I consent for any surplus tissue samples collected for this study to be stored under the University of Surrey’s Human Tissue Authority research licence for use in future ethically approved research studies. I understand that any information, including personal and health data that links me to the samples, will be held in accordance with data protection guidelines and only be accessible to the research team and responsible persons at the University. |  |

*Guidance: this template was designed to be used in face-to-face research, which is why it asks for a signature. If you are doing your research online, please amend this consent form to ensure participants either tick or initial each point listed. Please ensure the last point is clear that by continuing with this online questionnaire/survey, they consent to taking part in the study.*

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| **Signatures** |
| **Name of Participant** | **Signature** | **Date** |
| **Name of Researcher** | **Signature** | **Date** |