**PARTICIPANT CONSENT FORM**  (amend as needed)

**Study Title**: ……………………………….

 Please initial box

1. I confirm that I have read and understood the Participant Information Sheet for the above study.
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction.
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my medical care or legal rights being affected.
4. I understand that my anonymised data will be stored for a minimum of 5 years and may be used in future ethically approved research.
5. I agree to take part in this study.

Name of person giving consent Date Signature

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Name of person taking consent Date Signature

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