**Note texts highlighted in green will need to be used if there are also MRI scans in your study.**

Remember to delete the advisory text and update the details in the footer to be specific to the research for which you are seeking ethics review.

**Consent to take part in [insert study title]**

Central University Research Ethics Committee (CUREC) approval reference: [Insert]

Purpose of Study: [Insert a sentence to summarise the study]

|  |  |  |
| --- | --- | --- |
|  |  | *Please initial each box if you agree* |
| 1 | I confirm that I have read and understand the information sheet version [Insert], dated [Insert] for the above research. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any point [until **dd/mmm/yy**], without giving any reason. |  |
| 3 | I understand that research data collected during the study, may be looked at by designated individuals from the University of Oxford where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data. |  |
| 4 | I understand that research data collected in this study may be shared with other researchers, including those working outside of the UK and the EU, via means including an online repository. I understand that it will be shared in a form that does not identify me. |  |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  |
| 6 | I understand how to raise a concern or make a complaint |  |
| 7 | MRI study: I understand that this is a research scan that is not useful for medical diagnosis, and that scans are not routinely looked at by a doctor. If a concern is raised about a possible abnormality on my scan, I will only be informed if a doctor thinks it is medically important such that the finding has clear implications for my current or future health. |  |
| 8 | I agree to take part in the above study. |  |
| **Optional:** | I agree that my contact details can be retained in a secure database so that the researchers can contact me about future studies. | YES/ NO |

dd / mm / yyyy

Name of Participant Date Signature

dd / mm / yyyy

Name of person taking consent Date[[1]](#footnote-1) Signature

1. \*To be signed and dated in the presence of the participant. Once both parties have signed this the participant should receive a copy of the signed and dated participant consent form. The original signed and dated consent form should be kept with the project’s main documents, which must be kept in a secure location. [↑](#footnote-ref-1)