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.

**PARTICIPANT CONSENT FORM**

CUREC Approval Reference:

**[Study Title]**

|  |  |  |
| --- | --- | --- |
|  |  | *Please initial each box* |
| 1 | I confirm that I have read and understand the information sheet version \_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above study. 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 time, without giving any reason, and without penalty. |  |
| 3 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. |  |
| 4 | 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 study. I give permission for these individuals to access my data. |  |
| 5 | I understand that a blood/saliva/urine/stool *[delete as appropriate]* sample will be taken during the study and that this sample will be tested/used *[delete as appropriate]* for *[insert details]*. I understand that the sample will be destroyed after completion of this test or if I withdraw my consent. |  |
| 6 | I consider these samples a gift to the University of Oxford and I understand I will not gain any direct personal benefit from this. |  |
| 7 | 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. |  |
| 8 | I understand how to raise a concern or make a complaint. |  |
| 9 | 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 Volunteer Date Signature

 dd / mm / yyyy

Name of person taking consent Date Signature