

**CONSENT FORM**

Title of Project: **[PROJECT TITLE]**

Name of Researcher: **[NAME OF CHIEF INVESTIGATOR]**

Please initial all boxes

1. I confirm that I have read and understand the information sheet 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.
3. I understand and consent to the use and release of the recording by [Researcher/Organisation]. I understand that the information and recording is for research and training purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording and understand the recording may be copied and used by [Researcher/Organisation] without further permission.
4. I agree to being audio recorded during the focus group
5. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person Date Signature

taking consent.