

Ethics Review Committee
Faculty of Graduate Studies
Sample Consent Form



<Title of the Research Project>

To be completed by the participant (Please tick the appropriate box)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you read the information sheet? (Please keep a copy for yourself) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had an opportunity to discuss this study and ask any questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had satisfactory answers to all your questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you received enough information about the study? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you understand that you are free to withdraw from the study at any time, without having to give a? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had sufficient time to come to your decision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you agree to take part in this study? | <input type="checkbox"/> | <input type="checkbox"/> |

Who explained you about the study:.....

Signature of the participant:..... Date:.....

Full name:.....

To be completed by the investigator/ person obtaining consent

I have explained the study to the above participant and he/ she has indicated her willingness to take part in this study.

Signature of Investigator:..... Date:.....

Full name:.....