Sample Consent Form - Ethical Clearance Committee (ECC)

1. Ethical Clearance Ref No:	
2. Title of the project:	

3. **Consent of the Participant** (To be completed by the participant (Please tick the appropriate box))

Description	Yes	No
Have you read the information sheet which is in your mother language?		
Have you had an opportunity to discuss this study and ask questions?		
Have you received enough information about the study?		
Have you had satisfactory answers to all your questions?		
Sections of your medical notes, including those held by the investigators relating to your participation in this study may be examined by other research assistants. All personal details will be treated as TRICTLY CONFIDENTIAL. Do you give your permission for these individuals to have access to your records?		
Do you understand that you are free to withdraw from the study at any time?		
Have you had sufficient time to come to your decision regarding participation?		
Do you agree to take part in this study?		

Who explained the study to you?……

Full name (In Block Capital) : ……..

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Address: ……

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Signature of the participant:…… Date:……

4. To be completed by the investigator/ person obtaining consent

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

Full name (In Block Capital):……..

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