Imperial College London

School of Medicine
Medical Education Ethics Committee

Participant Consent Form [version; date]

PROJECT TITLE [Please provide]:_____

_____

Name of Investigator [Please provide]**:**_____

Name of Principal Investigator [Please provide]**:**_____

Start date:_____ **End date**:_____

[The following statements do not provide an exhaustive list and should be amended or added to as appropriate.]

If you agree to participate, please complete this consent form and return to [provide contact details] by [insert date].

	YES	NO
I have read and understood the participant information sheet about the project.	☐	☐
I am satisfied with the explanation of the risks and benefits of the project	☐	☐
The risks and benefits have been discussed.	☐	☐
All my questions have been satisfactorily answered.	☐	☐
I agree to participate [be interviewed/observed/take part] as outlined on the information sheet.	☐	☐
I agree to my interview being video/audio recorded.	☐	☐
I understand that if any of my words are transcribed and used in reports or presentations, the investigators will not attribute them to me [or other appropriate assurance of anonymity]	☐	☐
I understand that I will be given the opportunity to review my transcribed statements before inclusion in reports or presentations.	☐	☐
I understand that my participation is voluntary and that I can withdraw from the project without giving any reason, and that if I choose to do this, any data I have contributed will not be used	☐	☐
I understand that I can contact [investigator's name] at any time	☐	☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent (if different from investigator)	Date	Signature
_____	_____	_____
Investigator	Date	Signature

_____

Investigator Email contact information