[Project Title]

* I have read the Information Sheet provided for the above study and have had the opportunity to ask questions.
* I DO NOT wish to take part in the above study and confirm that you Do NOT have permission to use data already collected about me for the above study.

|  |  |
| --- | --- |
| Name of participant |  |
| Signature of participant |  | Date |  |

* I confirm that I have provided the Information Sheet concerning this research project to the above participant, explained what participating involves and have answered any questions asked of me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Researcher |  | Date |  |