Consent Form

NAME: .....

CONTACT: .....

Please read and complete this form carefully. If you are willing to participate in this study, please e-sign and date the declaration at the end and email it to xxx. If you do not understand anything and would like more information, please ask.

- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher. **YES / NO**
- I understand that the research will involve [provide details of the methods of research and basic aims] **YES / NO**
- I understand that I may withdraw from this research at any time without having to give an explanation. **YES / NO**
- I understand that all information about me will be treated anonymously and that I will not be named in any work arising from this study. **YES / NO**
- I understand that this research will be recorded by [method of recording], and that this recording will be used solely for research purposes and will be destroyed on completion of the research. **YES / NO**

I freely give my consent to participate in this research study.

Signature: .....

Date: .....