

ATTACHMENT 5 CONSENT BY A THIRD PARTY TO AUTHORISE PARTICIPATION IN RESEARCH – SAMPLE

Manual: Policies

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Protocol Title: _____

Note: This form is only to be used when third party consent is required.

I, _____ request and give consent to
(full name of parent/legal guardian or legally authorised representative)
_____’s involvement in the research study
(full name of participant)

_____ (short title of research project)

I acknowledge that the benefits and risks of the research project and alternatives to participation, especially as far as they affect

_____ have been fully explained to me
(full name of participant)

by _____ and my consent is given voluntarily.
(full name)

I have understood and am satisfied with the explanations that I have been given.

I have been provided with a written information sheet.

I understand that _____’s involvement
(full name of participant)

in this research study and/or the procedure(s) may not be of any direct benefit to him/her and that I may withdraw my consent at any stage without affecting his/her rights to future medical treatment.

Signature of parent/legal guardian or
legally authorised representative: _____ Date: _____

Relationship to participant: _____

Name of study team member:

Signature: _____ Date: _____

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Participant Declaration

(complete only where a child/young person under 18 years has the capacity and the choice to assent)

I, _____ have had described to me the benefits and risks of the research
(full name of participant)
study and alternatives to participation. I give assent to my involvement in the study.

Signature: _____ Date: _____

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Investigator Declaration

(complete only where a participant has the capacity and the option to decide whether to participate)

- 1. I have explained all aspects of the research to the participant to the best of my ability for the participant to understand.
- 2. I have answered all the questions of the participant relating to this research.
- 3. The participant agrees to be in the research.
- 4. I believe the participant’s decision to enrol is voluntary.
- 5. The study doctor and study staff agree to respect the participant’s right to withdraw at any time during this research.

Name of study team member: _____

Signature: _____ Date: _____

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