

Public

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

Protocol Title

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

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

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