C**ONSENT FORM FOR SURVEYS/QUESTIONNAIRES**

**The following informed consent must be mandatorily obtained from any person invited to participate in a research study in the form of a survey or questionnaire.**

**This study has been approved by the University Ethics Committee *[provide application number]***

1. **TITLE OF RESEARCH: *[Title of the research project]***
2. **INVESTIGATOR: *[Investigator’s name]***
3. **For this study, you will be completing a short survey about [*provide one or two sentence explanation of the study*].**
4. **If you have any questions before you complete this survey, please contact me, [*Tel. no / email of investigator*].**
5. **All responses you provide for this study will be completely confidential.  When the results of the study are reported, you will not be identified by name or any other information that could be used to infer your identity.**
6. **By clicking “Yes” below, you acknowledge that you have read and understood that:**
* Your participation in this survey is voluntary. You may withdraw your consent and discontinue participation in the project at any time. Your refusal to participate will not in any way adversely impact upon you.
* You have given consent to be a subject of this research and respond to the survey / questionnaire(s) as truly as possible
* You do not waive any legal rights or release the University or the investigator from liability for negligence or misconduct.
1. **Do you wish to participate in this study?**

** Yes, I am consenting to participate**

** No, I am NOT consenting to participate**

……………………………………………………………………………………………….

**Signature Name Date**