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| CONSENT TO PARTICIPATE IN THIS STUDY |

I confirm that the person asking my consent to take part in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have read this form (Information Leaflet and Informed Consent) and I understood the information regarding the study. I am aware that the results of the study, including personal details, will be anonymously process­ed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect any treatment in any way.

I have received a signed copy of this informed consent agreement.

Participant's name .............................................………………………........................... (Please print)

Participant's signature: ........................………………… Date.............................

Investigator’s name .............................................………………………........................... (Please print)

Investigator’s signature ..........................………………… Date.…........................

Witness's Name .............................................………………………........................... (Please print)

Witness's signature ..........................…………………... Date.…........................

[If participants cannot give written consent, you could also include the Verbal Informed Consent from