**GUIDANCE NOTES FOR PREPARING YOUR OWN CONSENT FORM   
FOR RESEARCH PARTICIPANTS**

* Your form should follow the basic format of that shown, although you may choose to present it in a slightly different way.
* Those statements in *italics* should be removed and substituted with the specific information related to your project. This information should be expressed clearly and concisely.
* Those statements that are underlined should be included if they are relevant to the project you are doing. For example the statement about treatment not being affected should be included if your project involves clients. If you are including it you should remove the underlining which was simply for the purpose of these guidance notes. Similarly the statement about audiotaping should only be included if relevant to your project they should not appear on your form.
* If you have any concerns about your consent form, or have any additional specifications that you wish to include, you should discuss these with your research supervisor (if applicable).

**RESEARCH CONSENT FORM**

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| --- |
| **Name of Researcher(s)** *(to be completed by the researcher)* |
|  |
| **Title of study** *(to be completed by the researcher)* |
|  |

**Please read and complete this form carefully. If you are willing to participate in this study, ring the appropriate responses and sign and date the declaration at the end. 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: *(insert a brief statement of the main features of the research e.g. interview, the conditions under which it will be undertaken, e.g. audiotape and the time involved e.g. 45 mins)* | **YES / NO** |
| * I understand that I may withdraw from this study at any time without having to give an explanation. This will not affect my future care or treatment. | **YES / NO** |
| * I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. | **YES / NO** |
| * I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on completion of your research. | **YES / NO** |
| * I understand that you will be discussing the progress of your research with others …………………………………………….. at York St John University | **YES / NO** |

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

**Signature: …………………………………………………………………….………….**

**Date: ………………………………………………………………………………**