

Consent Form

This version has been approved by the Queen Mary Disability & Dyslexia Service (DDS) & Institute of Dentistry

**Guidance note: All guidance information (in blue) should be deleted after reading. The final text should be in black font.**

* On 25 May 2018 the **General Data Protection Regulation and Data Protection Act (GDPR) 2018** came into force, replacing the UK Data Protection Act 1998, and **strengthening individuals’ rights and control over their personal data**.
* The GDPR requires data controllers and processors to provide clarity and transparency to individuals about **how and why their personal data is being processed**.
* This template has been created to **assist researchers in designing informed Consent Forms that meet the ethical and GDPR** requirements for obtaining consent.
* Note that **this is not the lawful basis** for processing participants’ personal data. For research, the lawful basis that applies is **performance of a task carried out in the public interest**.
* Applicants to the Queen Mary Ethics of Research Committee **must follow this template**, unless there is a requirement to modify the documentation to ensure that the content is more accessible to the research participants (for example, children) or justification given for using an alternative format.
* The template should be **adapted as appropriate**. Before you include this Consent Form along with your research ethics application form and other supporting documentation, ensure you:
	+ Amend and adapt the statements where necessary (in the table below compulsory statements numbered 1-5, plus the final point)
	+ Delete or adapt any statements which are not relevant to your study (additional statements numbered 6-15).
* You must **ensure the numbering is correct** in the final version.
* The statements in the Consent Form **must correspond to the information provided in the research ethics application form** and the **associated Participant Information Sheet**.
* The information described in this template Consent Form **should be adapted accordingly** where the participant is a **child, an adult with learning difficulties, an adult who does not have capacity to consent for themselves or a non-English speaker**.

**Title of Research Study:**

* Ensure the **title here is consistent** with the information provided in:
	+ The **Participant Information Sheet** and
	+ **Section 1 ‘Participant documents study title’** in your research ethics application form.
* The title on participant-facing documents such as this and the Participant Information Sheet, may be a lay version of the scientific title given on the Protocol and not necessarily the full title, but **both titles should be given in the research ethics application form**.

**Principal Investigator:** [Insert name, and that of educational supervisor for student projects]

**Queen Mary Ethics of Research Committee Ref:** [Insert the reference number allocated to your research ethics application by the Research Ethics Facilitator].

Thank you for your interest in this research.

Should you wish to participate in the study, **please consider the following statements**.

Before signing the consent form, you should **initial all or any of the statements that you agree with**.

Your signature **confirms that you are willing to participate in this research**, however you are reminded that **you are free to withdraw your participation** at any time.

|  |  |
| --- | --- |
| **Statement** | **Please initial box** |
| 1. I confirm that **I have read the Participant Information Sheet** dated [insert date] version [insert version] for the above study; or it has been read to me. I have had the **opportunity to consider the information, ask questions and have had these answered satisfactorily**.  |  |
| 2. I understand that **my participation is voluntary** and that **I am free to stop taking part in the study at any time** without giving any reason and without my rights being affected.  |  |
| 3. I understand that **my data will be accessed by the [investigator/ research team]**. |  |
| 4. I understand that **my data will be securely stored** in [insert location] and in accordance with the data protection guidelines of the Queen Mary University of London [for specific period of time or until date] in [fully anonymised/pseudonymised/identifiable] form. |  |
| 5. I understand that **I can access the information I have provided and request destruction of that information** at any time prior to [anonymisation/ publication/specific date]. I understand that **following [anonymisation/publication/specific date] I will not be able to request withdrawal of the information** I have provided. |  |
| 6. [add if relevant to your research] I agree to the interview/focus group/non-invasive experiment **being audio/video recorded**.  |  |
| 7. [add if relevant to your research] I agree to **have my photo taken/to being filmed**. |  |
| 8. [add if relevant to your research] I agree to **my photo/audio/video material to be published** as part of this research in [anonymised/identifiable] form. |  |
| 9. [add if relevant to your research] I agree that personal information collected about me and **which can identify me will be used** in publicationsand other study outputs.  |  |
| 10. [add if relevant to your research] I understand that **the researcher will not identify me in any publications** and other study outputs using personal information obtained from this study. |  |
| 11. [add if relevant to your research] I understand that the **information collected about me will be used to support other research** in the future, and it **may be shared in anonymised form** with other researchers. |  |
| 12. [add if relevant to you research] I understand that during the research, information may be disclosed which **legally requires the researcher to breach confidentiality** and report this information to the relevant authorities. This risk **has been explained to me** in more detail in the Participant Information Sheet.  |  |
| 13. [add if relevant to your research] I agree to **my General Practitioner being informed** of my participation in the study.  |  |
| 14. [add if relevant to your research] I agree to be **contacted about other research studies** in the future. |  |
| 15. [add if relevant to your research] Add any other study-specific elements that are pertinent to your study but not already covered by the statements above. Add extra rows as required. |  |
| 16. I **agree to take part** in the above study. |  |

Participants should read [**Queen Mary’s privacy notice**](http://www.arcs.qmul.ac.uk/media/arcs/policyzone/Privacy-Notice-for-Research-Participants.pdf) **for research participants** which contains **important information about your personal data and your rights** in this respect.

If you have any **questions relating to data protection**, please contact Data Protection Officer, Queens’ Building, Mile End Road, London, E1 4NS or data-protection@qmul.ac.uk or 020 7882 7596.

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Participant name Date Signature

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Name of person Date Signature

taking consent

I [insert Investigator Name] confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant and provided a copy of this form.

**Principal Investigator (or Supervisor Student Investigator (if applicable)**

**for student projects)**

[Investigator Name] [Investigator Name]

[Investigator’s Queen Mary address] [Investigator’s Queen Mary email address]

[Investigator’s Queen Mary telephone number] [Investigator’s Queen Mary telephone number]