

Consent Form

**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 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, although 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 and other supporting documentation, ensure you amend and adapt the statements where necessary (in the table below compulsory statements are numbered 1-5, plus the final point), and 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 that can identify me will be used in publications and 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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