

CONSENT FORM FOR PARTICIPANTS

Participating in non-clinical training studies

I _____ (Name)

of _____

_____ (Address)

consent to taking part in the training study.

1. I consent to participate in the above project, the particulars of which - including details of tests or procedures - have been explained to me. ☐
2. I understand the time commitment required for this study. I understand that I can withdraw consent at any time without giving any reason and without my medical care or legal rights being affected. However, I will try to inform the researchers as soon as possible if I decide to withdraw from the study and I will promptly return any research equipment in my possession. ☐
3. I acknowledge that: ☐
 - a. The possible effects of the tests or procedures have been explained to me to my satisfaction;
 - b. The study is for the purpose of research and/or teaching and not for treatment;
 - c. I have been informed that the confidentiality of the information I provide will be safeguarded, subject to any legal requirements.

4. I have been appropriately trained and authorised to use any research equipment associated with this study. I understand that the equipment is for home use for the purpose of the study. I will not be liable for any damage to the equipment if it is used only for the purpose of the study. I may be liable if the damage occurred due to misuse. ☐
5. I understand that I must promptly return any research equipment when I have completed the study. All of my data will be deleted from the equipment. ☐
6. I give permission for my training data to be shared with other researchers for scientific purposes. All shared data will be made anonymous so that I cannot be identified. ☐

Study: _____ Investigator: _____

Signature: _____ Date: _____
(Participant)