

**Title of study**

WRITTEN CONSENT

Name of Volunteer:	
Address:	
Telephone number:	

**Statement of Informed Consent:**

I have read the attached information on the research in which I have been asked to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information.

The researcher has explained the nature and purpose of the research and the procedures involved, and I believe I understand what is being proposed.

I understand that my personal involvement and my particular data from this study will remain strictly confidential. Only researchers involved in the study will have access to the data.

I hereby fully and freely consent to participate in the study which has been fully explained to me. I understand that I may withdraw at any time.

Volunteer's Signature	
Investigator's Name	
Investigator's Signature	
Date	