
School of Psychology
Keynes College
University of Kent
Canterbury, CT2 7NP

**RESEARCH INFORMED CONSENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Project:** |  | **Ethics Approval Number:** |  |
|  |   |  |  |
| **Investigator(s):** |  | **Researcher Email:** |  |

Please read the following statements and, if you agree, initial the corresponding box to confirm agreement:

|  |  |  |
| --- | --- | --- |
|  |  | Initials |
| I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |  |
|  |  |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. |  |  |
|  |  |  |
| I understand that my data will be treated confidentially and any publication resulting from this work will report only data that does **not** identify me.  |  |  |
|  |  |  |
| I freely agree to participate in this study. |  |  |

Signatures:

|  |  |  |
| --- | --- | --- |
|  Name of participant (block capitals) | Date | Signature |
| Researcher (block capitals) | Date | Signature |

If you would like a copy of this consent form to keep, please ask the researcher. If you have any complaints or concerns about this research, you can direct these, in writing, to the Chair of the Psychology Research Ethics Committee by email at: psychethics@kent.ac.uk. Alternatively, you can contact us by post at: Ethics Committee Chair, School of Psychology, University of Kent, Canterbury, CT2 7NP.