**CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

**INFORMATION TO PARTICIPANTS:**

We would like to invite you to be a part of a study into…

“[State briefly the aims, procedures involved and the nature of the project, including a clear indication of any potential risks associated with this project]”

**CERTIFICATION BY PARTICIPANT**

I,

of

certify that I am at least 18 years old\* and that I am voluntarily giving my consent to participate in the study:

being conducted at Victoria University by:

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by:

and that I freely consent to participation involving the below mentioned procedures:

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Any queries about your participation in this project may be directed to the researcher

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email Researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.

**[\*please note: Where the participant/s are aged under 18, separate parental consent is required; where the participant/s are unable to answer for themselves due to mental illness or disability, parental or guardian consent may be required. REMOVE THIS NOTE WHEN USING THIS TEMPLATE]**