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| Bristol Veterinary School Tel: <Contact name><Contact telephone and email> | Logo |

CONSENT FORM

<Study title - *Confidential*>

## Please answer the following questions to the best of your knowledge

 **YES NO**

**Do You confirM That you:**

* <inclusion/exclusion criterion 1> **□ □**
* <inclusion/exclusion criterion 2> **□ □**
* <inclusion/exclusion criterion 3> **□ □**

**Have you:**

* been given information explaining about the study? **□ □**
* had an opportunity to ask questions and discuss this study? **□ □**
* received satisfactory answers to all questions you asked? **□ □**
* received enough information about the study for you to make a decision

about your participation? **□ □**

**Do you understand:**

that you are free to withdraw from the study and free to withdraw your data prior to publication

* at any time? **□ □**
* without having to give a reason for withdrawing? **□ □**

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand the data I provide will be kept **confidential**. My name or other identifying information will not be disclosed in any presentation or publication of the research.

 I understand that the University of Bristol may use the data collected for this project in a future research project but that the conditions on this form under which I have provided the data will still apply.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

# Final consent

**Having participated in this study**

I agree to the University of Bristol keeping and processing the data I have provided during the course of this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

If you have any concerns related to your participation in this study, please direct them to the Faculty of Health Science Student Research Ethics Committee (HSSREC), via the Research Governance Team; research-governance@bristol.ac.uk

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CONSENT FORM

<Study title - *Anonymous*>

## Please answer the following questions to the best of your knowledge

 **YES NO**

**Do You confirM That you:**

* <inclusion/exclusion criterion 1> **□ □**
* <inclusion/exclusion criterion 2> **□ □**
* <inclusion/exclusion criterion 3> **□ □**

**Have you:**

* been given information explaining about the study? **□ □**
* had an opportunity to ask questions and discuss this study? **□ □**
* received satisfactory answers to all questions you asked? **□ □**
* received enough information about the study for you to make a decision

about your participation? **□ □**

**Do you understand:**

that you are free to withdraw from the study and free to withdraw your data prior to final consent

* at any time? **□ □**
* without having to give a reason for withdrawing? **□ □**

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand the data I provide will be **anonymous**. No link will be made between my name or other identifying information and my study data.

I understand that the University of Bristol may use the data collected for this study in a future research project but that the conditions on this form under which I have provided the data will still apply.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

# Final consent

**Having participated in this study**

I agree to the University of Bristol keeping and processing the data I have provided during the course of this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

If you have any concerns related to your participation in this study, please direct them to the Faculty of Health Science Student Research Ethics Committee (HSSREC), via the Research Governance Team; research-governance@bristol.ac.uk

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CONSENT FORM

<Study title – *Confidential, then anonymised*>

## Please answer the following questions to the best of your knowledge

 **YES NO**

**Do You confirM That you:**

* <inclusion/exclusion criterion 1> **□ □**
* <inclusion/exclusion criterion 2> **□ □**
* <inclusion/exclusion criterion 3> **□ □**

**Have you:**

* been given information explaining about the study? **□ □**
* had an opportunity to ask questions and discuss this study? **□ □**
* received satisfactory answers to all questions you asked? **□ □**
* received enough information about the study for you to make a decision

about your participation? **□ □**

**Do you understand:**

that you are free to withdraw from the study and free to withdraw your data prior to anonymisation

* at any time? **□ □**
* without having to give a reason for withdrawing? **□ □**

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand that the data I provide will be kept **confidential**, and that on completion of the study my data will be **anonymised** by removing all links between my name or other identifying information and my study data. This will be done by <insert date>, and before any presentation or publication of my data.

I understand that the University of Bristol may use the data collected for this project in a future research project but that the conditions on this form under which I have provided the data will still apply.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

# Final consent

**Having participated in this study**

I agree to the University of Bristol keeping and processing the data I have provided during the course of this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

If you have any concerns related to your participation in this study, please direct them to the Faculty of Health Science Student Research Ethics Committee (HSSREC), via the Research Governance Team; research-governance@bristol.ac.uk

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CONSENT FORM

<Study title – *Confidential, then anonymised + Open Data*>

## Please answer the following questions to the best of your knowledge

 **YES NO**

**Do You confirM That you:**

* <inclusion/exclusion criterion 1> **□ □**
* <inclusion/exclusion criterion 2> **□ □**
* <inclusion/exclusion criterion 3> **□ □**

**Have you:**

* been given information explaining about the study? **□ □**
* had an opportunity to ask questions and discuss this study? **□ □**
* received satisfactory answers to all questions you asked? **□ □**
* received enough information about the study for you to make a decision

about your participation? **□ □**

**Do you understand:**

that you are free to withdraw from the study and free to withdraw your data prior to anonymisation

* at any time? **□ □**
* without having to give a reason for withdrawing? **□ □**

## I hereby fully and freely consent to my participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand that the data I provide will be kept **confidential**, and that on completion of the study my data will be **anonymised** by removing all links between my name or other identifying information and my study data. This will be done by <insert date>, and before any presentation or publication of my data.

I understand that after the study will be made “open data”. I understand that this means the anonymised data will be publicly available and may be used for purposes not related to this study, and it will not be possible to identify me from these data.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

# Final consent

**Having participated in this study**

I agree to the University of Bristol keeping and processing the data I have provided during the course of this study in accordance with the information I received at the outset.

Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

If you have any concerns related to your participation in this study, please direct them to the Faculty of Health Science Student Research Ethics Committee (HSSREC), via the Research Governance Team; research-governance@bristol.ac.uk

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| Bristol Veterinary SchoolTel:<Contact name><Contact telephone and email> | Logo |

CONSENT FORM

<Study title – Children, confidential>

## Please answer the following questions to the best of your knowledge

 **YES NO**

**Do You confirM That youR Child:**

* <inclusion/exclusion criterion 1> **□ □**
* <inclusion/exclusion criterion 2> **□ □**
* <inclusion/exclusion criterion 3> **□ □**

**Have you:**

* read the <information sheet> explaining about the study? **□ □**

**Do you understand:**

that you are free to withdraw your consent at any time during the study and free to withdraw your

child’s data from the study prior to publication? **□ □**

* without having to give a reason for withdrawing? **□ □**
* and that the session will stop if your child asks or appears uncomfortable? **□ □**

## I hereby fully and freely consent to my child’s participation in this study

I understand the nature and purpose of the procedures involved in this study as communicated to me on the <*information sheet*>.

I understand that the investigation is designed to promote scientific knowledge and I agree that the University of Bristol can keep and use the data my family provide for research purposes only.

I understand that the data my family provide will be kept **confidential**, and that my consent is conditional upon the University complying with its obligations under the Data Protection Act.

I understand that my child’s name and any other identifying information will not be disclosed in any presentation or publication of the research.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Name in BLOCK Letters: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Child’s DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **YES NO**

I agree to my child’s data being passed to his/her school, if requested? **□ □**

I agree to being contacted again with information about further research studies? **□ □**

Daytime contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_