### **Enable Ireland REQC Consent Form**

**Insert Institution Address & Logo**

**Subject Information and Informed Consent Form**

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| --- | --- | --- | --- |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Principle Investigator:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Agreement to Consent**

The research project and procedures associated with it have been fully explained to me. I have read the information letter and have had time to consider whether to take part in this study. I have had the opportunity to ask questions concerning any and all aspects of the project and any procedures involved. I am aware that participation is voluntary. I am aware that my decision not to participate or withdraw will not restrict my access to Enable Ireland services normally available to me. Confidentially of records concerning my involvement in this project will be maintained in an appropriate manner. I agree that the data can be used in the publication of higher degrees, presentations and academic publications.

I, the undersigned, hereby consent to participate as a subject in the above described project conducted at insert location. I have received a copy of this consent form for my records. If I have any queries or about the study procedure or questions concerning my rights as a participant I can contact insert name and contact details

*After reading the consent form, if you have no further questions about giving consent, please sign where indicated.*

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| --- | --- | --- | --- |
| Signature of Subject: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |