# Sample consent forms



EHSREC No:

# PARTICIPANT CONSENT

**Title of Project: Young People’s Involvement in and Views on Sport and Physical Activity**

**Should you agree to participate in this study please read the statements below and if you agree to them, please sign the consent form.**

* I have read and understood the participant information sheet.
* I understand what the project is about, and what the results will be used for.
* I understand that what the researchers find out in this study may be shared with others but that my name will not be given to anyone in any written material developed.
* I am fully aware of what I will have to do, and of any risks and benefits of the study.
* I know that I am choosing to take part in the study and that I can stop taking part in the study at any stage without giving any reason to the researchers.

This study involves audio recording of the focus group sessions. Please tick the appropriate box

* I am aware that the focus groups will be audio recorded and I agree to this. However, should I feel uncomfortable at any time I can ask that the recording equipment be switched off. I know that I can ask for a summary of the focus group session, which will not include anybody’s name. I understand what will happen to the recordings once the study is finished.
* I do not agree to my child being audio/video recorded in this study.

I agree to the statements above and I consent to taking part in this research study.

Name: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHSREC No:

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# PARTICIPANT CONSENT

**Movement Analysis of the Differences in the Golf Swing Between Novice and Expert Golfers Using Video Methods**

**Should you agree to participate in this study please read the statements below and if you agree to them, please sign the consent form.**

* I have read and understood the participant information sheet.
* I understand what the project is about, and what the results will be used for.
* I understand that what the researchers find out in this study may be shared with others but that my name will not be given to anyone in any written material developed.
* I am fully aware of what I will have to do, and of any risks and benefits of the study.
* I know that I am choosing to take part in the study and that I can stop taking part in the study at any stage without giving any reason to the researchers.

**This study involves audio/video recording. Please tick the appropriate box**

* I am aware that my participation in this study may be recorded (video/audio) and I agree to this. However, if I feel uncomfortable at any time I can ask that the recording equipment be switched off. I understand that I can ask for a copy of my recording. I understand what will happen to the recordings once the study is finished.
* I do not agree to being audio/video recorded in this study.

After considering the above statements, I consent to my involvement in this research project.

Name: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# PARENTAL/CARER CONSENT

**Title of Study: Adolescents’ participation in and views on sport and physical activity**

* I have read and understood the parent/carer information sheet.
* I understand what the study is about, and what my child’s results will be used for.
* I understand where the research will be carried out.
* I understand that my child’s name will not appear on any research data from this study.
* I give permission that my child’s data can be used anonymously in report format and published output (e.g. journal publication).
* I am fully aware of all of the procedures involving my child, and of any risks and benefits associated with the study.
* I know that my child’s participation is voluntary and that I can withdraw my child’s participation in the study at any stage without giving any reason.

This study involves audio/video recording. Please tick the appropriate box

* I am aware that my child’s participation in this study will be audio recorded and I agree to this. However, should I or my child feel uncomfortable at any time I/my child can ask that the recording equipment be switched off. I am entitled to an anonymised summary of the focus group if I or my child want to review it. I am fully informed as to what will happen to these recordings once the study is finished.
* I do not agree to my child being audio/video recorded in this study.

After considering the above statements, I consent to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) involvement in this research project.

Name of child: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer: (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

