

CALVARY HEALTH CARE, BETHLEHEM

Consent form for persons participating in research projects

PROJECT TITLE: **The effectiveness of clinical services in managing symptomatic issues**

Name of participant:

Name of investigators: Assoc. Prof Dr Denise Grocke;

Ms Anne Horne-Thompson

1. I consent to participate in the project named above, the particulars of which have been explained to me. A written copy of the information has been given to me to keep.
2. I authorise the researcher or her assistant to involve me in the project referred to under (1) above.
3. I acknowledge that:
 - (a) the possible effects of the project have been explained to me to my satisfaction;
 - (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data previously supplied;
 - (c) The project is for the purpose of research
 - (d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements.
 - (e) I have been informed that participation or non-participation in this research will have no effect on services offered to me at Calvary Health Care, Bethlehem.

Signature

Date

(Participant)

Signature

Date

(Witness to consent)