[Organisation logo]

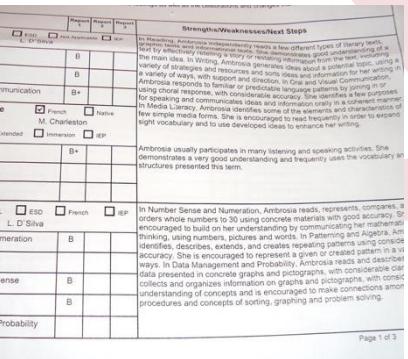**EXAMPLE Consent Form – FOR ADAPTATION**

[Project title and relevant image]

Please tick the boxes under each statement

	I have read / heard and understood the ti **YES** ⬜

	I have been able to ask questions. YES ☐ NO ☐
	I know I can stop at any time and nobody will mind. YES ☐ NO ☐
	I agree that my comments can be recorded for this project. YES ☐ NO ☐
	I understand that my comments might be used in publications but not my name or personal details. YES ☐ NO ☐

	I know that my comments will be regarded as private but if I say I have been hurt, or someone else has been hurt, or I am going to hurt myself, then the person I spoke to will tell …. [add as appropriate]. **YES** ☐ **NO** ☐
	I want to take part in this project. **YES** ☐ **NO** ☐
	[Add if applicable] I know I can still join with the group even if I do not give data. **YES** ☐ **NO** ☐

Name of participant	Date	Signature
Name of project lead	Date	Signature