

**APPENDIX 1**

*NAME OF INSTITUTION*

*NAME OF PROJECT*

*DATE*

**Agreement to Participate**

I \_\_\_\_\_ agree to take part in this research project.

I have had the purposes of the research project explained to me.

I have been informed that I may refuse to participate at any point by simply saying so.

I have been assured that my confidentiality will be protected as specified in the letter/leaflet.

I agree that the information that I provide can be used for educational or research purposes, including publication.

I understand that if I have any concerns or difficulties I can contact:

*Name of Researcher*

*Contact Information*

If I wish to complain about any aspect of my participation in this project, I can contact:

*Name*

*Contact Information*

I assign the copyright for my contribution to the Faculty for use in education, research and publication.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_