

**CONSENT FORM FOR PARTICIPANTS IN RESEARCH STUDIES**

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.



**Title of Study:** How does exposure to prehospital care influence medical students' clinical, communication, and inter-professional skills?

**King's College Research Ethics Committee Ref:** MRS-18/19-13553

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box I am consenting to this element of the study. I understand that by not giving consent for any one element I may be deemed ineligible for the study. I understand that if I do not want to participate in the study I will indicate this by ticking the relevant box on this page. Please sign where indicated below.

Please tick or initial

- 1. I confirm that I have read and understood the information sheet dated 22/07/19, version 1 for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.
- 2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, up until 31/07/20
- 3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet. I understand that such information will be handled in accordance with the terms of the General Data Protection Regulation.
- 4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.
- 5. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any research outputs

**IF YOU DO NOT WANT TO PARTICIPATE IN THIS STUDY PLEASE ONLY TICK THE BOX BELOW.**

- 6. I do not consent to participating in this study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature