

Add contact details of the local research team and either the Chief or Local Investigator

CONSENT FORM

STEDI: Simulation Training for Emergency Department Imaging (Phase 2)

Chief Investigator: Dr Alex Novak

If you agree, please initial box

1. I confirm that I have read the information sheet dated.....(version.....) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	
3. I understand that data collected during the study may be looked at by individuals from Oxford University Hospitals NHS FT (as sponsor), from regulatory authorities or from the local NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	
5. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.	
6. I understand how to raise a concern or make a complaint.	
7. I agree to take part in this study.	

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

*1copy for participant; 1 copy for researcher site file