

Consent Form

Title: Evaluation of the Effects of Virtual Reality Learning Environment on Nursing Student Non-technical Skills Development: A Quasi-Experimental Study

I _____ hereby consent to participate in the captioned research conducted by Mr Timothy LAI.

I understand that information obtained from this research may be used in future research and published. However, my right to privacy will be retained, i.e. my personal details will not be revealed.

The procedure as set out in the attached information sheet has been fully explained. I understand the benefit and risks involved. My participation in the project is voluntary.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without penalty of any kind.

Consent Statement

By clicking the button below, you acknowledge that your participation in the study is voluntary, and that you are aware that you may choose to stop participating at any time and for any reason.

Yes. I have read the informed consent information sheet and agree to take part in this research study.

Name of Participants: _____