

CONSENT FORM FOR PARTICIPANTS IN RESEARCH PROJECTS



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

Title of project: Improving CVD prevention and management in an ethnically diverse female population through community-based salon initiatives		
Ethical review reference number: LRS-19/20-17551	Version number: 2.0	
	Yes	No
1. I confirm that I have read and understood the information sheet dated [02_10_26V2.0] for the above project and have had the opportunity to consider the information and ask questions and agree to participate in the Study		
2. I understand that my participation is entirely voluntary and that I am free to withdraw at any time, without giving a reason and without my medical care or legal rights being affected		
3. I consent to the processing of my personal information for the purposes explained to me in the Information Sheet.		
4. I understand that the information I have submitted will be published as a report		
5. I wish to receive a copy of the final report.		
6. I wish to be re-contacted in the future by King's College London researchers regarding this project.		
7. I wish to be contacted by King's College London for future studies of a similar nature.		
8. I agree that the researcher may ask my GP to access my medical records for information only for the purposes of this research project.		
9. I agree that my GP may be contacted if any unexpected results are found in relation to my health.		
10. I confirm that I have been communicated that the personal identifiable data is stored on the KCL REDCap instance hosted by third party ARO		

Mariam Molokhia

CI – Dr Mariam Molokhia

Name of Participant

Date

Signature