



University of South Wales
Glyntaff Campus, Pontypridd.

PARTICIPANT CONSENT FORM

Title of Project: **A Study into the health behaviours of adolescents in different areas of South Wales.**

Name of Researcher: **Rebecca Lewis**

Name of supervisor: **Paul Griffiths, Community Health and Wellbeing, Course Leader.**

Please **(initial/tick)** all boxes

- 1. I confirm that I have read and understand the information sheet dated **30th October 2015** (version 104) for the above 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 any consequence to myself.
- 3. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals.
- 4. I agree to take part in the above study.

Name of Participant

Date

Signature

Name of person -
taking consent.

Date

Signature