



## CONSENT FORM FOR STUDENT PARTICIPANTS

**TITLE OF PROJECT: Evaluating the perceived competence and confidence to practice of health and social care professional students at the point of graduation and one year post graduation**

1. I have read the participant information sheet YES/NO
2. I have been offered the opportunity to ask questions and discuss the study with one of the tutors listed below YES/NO
3. I have received enough information about the study and my participation in completing the questionnaires YES/NO
4. I understand what is involved in taking part in the study YES/NO
5. I understand that my participation in the study is voluntary and that I am free to withdraw from the study at any time without giving a reason and without it affecting my education, training or employment. YES/NO
6. I agree to take part in the study. YES/NO

Student ID \_\_\_\_\_

For follow up questionnaires at 6 months and 1 year please give a contact email address. (not current university email address)

\_\_\_\_\_  
Please sign:  
Signature

Name (Block capitals) \_\_\_\_\_

Course: \_\_\_\_\_ Date \_\_\_\_\_

### Contact names of researchers

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