

INFORMED CONSENT FORM

Participant Name: _____

Witness Name: _____

Purpose of the Consent:

This form is designed to provide you with information regarding your participation in the specified activity, research, or treatment. It explains the nature, purpose, benefits, risks, and your rights regarding participation. Your participation is voluntary and you have the right to withdraw at any time without penalty or loss of benefits.

Description of the Activity:

You will be asked to participate in the following activities, procedures, or treatments, which are detailed below. Please review carefully and ask any questions you may have before consenting.

Potential Risks and Discomforts:

While every effort will be made to minimize any risks, there may be discomforts or adverse effects associated with participation. These risks have been described in detail and you may discuss any concerns with the responsible party.

Potential Benefits:

Participation may or may not result in direct benefits to you. However, the information obtained may contribute to broader knowledge and future improvements.

Confidentiality:

All information collected will be kept confidential to the fullest extent permitted by law. Identifiable information will not be disclosed without your consent except as required by law. Records will be securely stored and accessed only by authorized personnel.

Voluntary Participation and Withdrawal:

Your participation is voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You will be informed of any new information that may affect your willingness to continue participating.

Contact Information:

If you have any questions about your rights as a participant or about the study, research, or treatment, you may contact the responsible person or relevant ethics committee.

Consent Statement:

I have read and understood the information provided above. I have had the opportunity to ask questions and all of my

questions have been answered to my satisfaction. I voluntarily agree to participate and understand that I can withdraw at any time.

PARTICIPANT'S SIGNATURE

WITNESS'S SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

This informed consent form is governed by the laws of Australia. By signing, you acknowledge that you understand your rights and consent voluntarily.

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