**CONSENT FORM FOR SURVEYS**

**TITLE OF RESEARCH: [**Title of Research.**]**

**INVESTIGATOR: [**Investigator.**]**

The following informed consent is required for any person invited to participate in a research study. This study has been approved by the NCRHA Ethics Committee.

For this study, you will be completing a short survey about: please provide a one of two sentence explanation of the study..

If you have any questions before you complete this survey, please contact: Contact of Investigator..

All survey responses you provide for this study will be completely confidential.  When the results of the study are reported, you will not be identified by name or any other information that could be used to infer your identity.

By clicking “Yes” below you acknowledge that you have read and understand that:

* Your participation in this survey is voluntary. You may withdraw your consent and discontinue participation in the project at any time. Your refusal to participate will not result in any penalty.
* You do not waive any legal rights or release NCRHA, its agents, or the investigator from liability for negligence.
* You have given consent to be a subject of this research.

 Do you wish to participate in this study?

[ ]  Yes, I want to participate

[ ]  No, I do not want to participate

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