

# REMOVAL OF CONSENT TO RECEIVE RESEARCH INVITATIONS



**If you have previously given consent to receive invitations to participate in research, and you no longer wish to receive these invitations, you should complete this form to withdraw your consent.**

I,  (please print name)

being myself / parent / person responsible (please circle the appropriate response here and throughout this document)

hereby withdraw consent to receive invitations from CP Register staff to participate in research studies

I have read and understood the information sheet and had any questions answered to my satisfaction. I am aware that I should retain a copy of this form, when completed, and the information sheet for my records.

Signed  Date  /  /

Relationship to child / person

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## Use only if discussed with a health / education professional

I, being a health / education professional certify that I have explained the project to the person / parent and / or person responsible and consider that he / she understands what is involved and is freely withdrawing his / her consent.

Signed  Date  /  /

Name

Title