



BANGLADESH CPQoL STUDY
CONSENT FORM

Project Title: Health related quality of life of adolescents with cerebral palsy in rural Bangladesh and the psychological wellbeing of their primary caregivers

I, (please write your name)

hereby give consent to the inclusion of

(Please write the name of person with disability)

in the Bangladesh CPQoL study.

My relationship to this person is (please tick): Parent ☐ Person responsible ☐

I consent to:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The collection and recording of information relating to me / the adolescent with cerebral palsy for the study.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have read and understood the information sheet and had my questions answered to my satisfaction.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand that an individual may not directly benefit from participation in this study and that no payment will be made for participation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am aware that I should retain a copy of the consent form, when completed and the information sheet for my reference.

Signed Dated

Witness Signed Dated

Use only if discussed with the research investigator

I, as a research investigator certify that, I have explained the project to the adolescent/primary caregiver responsible and consider that he/she understands what is involved and has freely given his/her consent.

Signed

Name Title