**Permission to Contact Form**

|  |  |
| --- | --- |
| **HREC Project Number:** | **<insert HREC Number>** |

|  |  |
| --- | --- |
| **Research Project Title:** | **<insert Project Title>** |

|  |  |
| --- | --- |
| **Principal Investigator:** | **<insert PI name>** |

|  |  |
| --- | --- |
| This form has been given to me by |  |

* I have been told about this project
* The research team can contact me about this project
* The research team will keep my contact details confidential
* I may not be suitable to take part in this project
* It is my choice whether I take part in the project

**My contact details are**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Contact phone number** |  | | |
| **Best time to contact** |  | | |
| **Signature** |  | **Date** |  |

Please return this form in the pre-paid envelope.