**PERMISSION TO CONTACT FORM**

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

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

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

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

* I have been told about this research project
* I agree to be contacted by the research team to learn more about this project
* My contact details are confidential and will only be used for the purpose described above
* I am aware I may not be suitable to take part in this project
* I understand that signing this form does not mean I have to agree to 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 provided.