

CONSENT FORM FOR PARTICIPANTS IN RESEARCH PROJECTS



Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research

Title of project: Identifying and Promoting the Established International Guidance on What Should be Taught in US and UK Dental Schools in the Area of Erosive Tooth Wear	
Ethical review reference number: LRS/DP-24/25-46070	Version number: 07/03/2025
	Tick or initial
1. I confirm that I have read and understood the information sheet Version 3.0 dated (07/03/2025) for the above project. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.	
2. I consent voluntarily to be a participant in this project and understand that I can refuse to take part and can withdraw from the project at any time, without having to give a reason, up until 31/12/2025	
3. I understand my personal information will be processed for the purposes explained to me in the Information Sheet. I understand that such information will be handled under the terms of UK data protection law, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.	
4. I understand that my information may be subject to review by responsible individuals from the College for monitoring and audit purposes.	
5. I understand that confidentiality and anonymity will be maintained, and it will not be possible to identify me in any research outputs	
6. I consent to my data being shared with third parties which are within the EU (The Association of Dental Education in Europe) as outlined in the participant information sheet.	

Please initial box

Name of Participant Date Signature

Name of Person
taking consent

Date

Signature