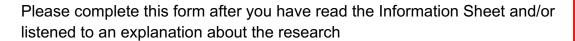
Faculty of Dentistry Oral and Craniofacial Sciences, Centre for Clinical, Oral and Translational Sciences

## CONSENT FORM FOR PARTICIPANTS IN RESEARCH PROJECTS





		•		onal Guidance on What Shoul	d 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					3/2025
					Tick or initial
1.	<ol> <li>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.</li> </ol>				
2.	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.	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.	<ul> <li>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.</li> </ul>				
				Ple	ase initial bo
Name of Participant		Date	Sign	ature	

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Name of Person	Date	Signature
taking consent		