

Participant Identification Number:

CONSENT FORM

Title of Project:

The Association Between Nutrition Knowledge and Protein Intake in Physically Active Middle-Aged and Older Adults

Name of Researcher:

Sarah Harris

Please initial box

1. I confirm that I have read and understand the information sheet datedfor the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty.
3. I agree that this form that bears my name and signature may be seen by a designated auditor.
4. I agree to take part in the above study.

1

2

3

4

Name of participant

Date

Signature

Name of person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature