

POLICY TYPE: INDIVIDUAL SUPPORT SERVICES

(ISS) POLICY TITLE: *RESEARCH AND INDIVIDUALS SERVED AT LIFETIME NETWORKS*

APPENDIX 31: *LIFETIME NETWORKS INDIVIDUAL'S CONSENT TO PARTICIPATE IN RESEARCH FORM*

I, _____ give my consent to participate in the following

research project: _____

- I have been provided information about the research project.
- I am also aware that the research results will respect my privacy and will not identify me by name or indicate other information that may identify me.
- I am aware that in no way will my participation in this research infringe on my rights – specifically I will be kept free from abuse, financial or other exploitation, retaliation, humiliation or neglect.

I consent to participate in this research.

Individual's Signature

Date: