

# Appendix E Consent Form

## CONSENT FORM

I, ..... , give consent to my participation in  
Name (please print)  
the research project.

**TITLE: A medical student evaluation of the 'SIMPRAC' web-based virtual patient**

In giving my consent I acknowledge that:

1. The procedures required for the project have been explained to me, and any questions I have about the project have been answered to my satisfaction;
2. I have read the Subject Information Sheet and have been given the opportunity to discuss the information and my involvement in the project.
3. I understand that I can withdraw from the study at any time.
4. I understand that my involvement is strictly confidential and no information about me will be used in any way which reveals my identity.

**Signed:** ..... **Date:** .....

**Name:** .....

**Witness:** ..... **Date:** .....

**Name:** .....