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: ...........................................................