

## PARTICIPANT CONSENT FORM

**Title of Project: FASHION MODELS' HEALTH**

**Name of PI/Researcher responsible for project: Nimue Smit**

Statement	Please initial or thumbprint* each box
I confirm that I have read the information sheet dated 10/06/2020 (version 2) for the above named study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	
I understand that relevant sections of data collected during the study may be looked at by authorised individuals from LSHTM, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
I understand that data from me/the participant may be shared via a public data repository or by sharing directly with other researchers, and that <b><u>I will not be identifiable</u></b> from this information.	
I confirm that <b><u>I can be quoted directly</u></b> be quoted anonymously in the report*	
I wish to <b><u>not be quoted directly</u></b> in the report*	
I am aware I can request LSHTM to delete all available data on me at any point, by filling out the form on <a href="https://www.lshtm.ac.uk/aboutus/organisation/data-protection/subject-rights">https://www.lshtm.ac.uk/aboutus/organisation/data-protection/subject-rights</a>	
I agree to take part in the above-named study	

\* Please only sign ONE of these boxes

Printed name of participant	Signature of participant	Date

I attest that I have explained the study information accurately in English to, and was understood to the best of my knowledge by, the participant and that he/she has freely given their consent to participate.

Printed name of person obtaining consent	Signature of person obtaining consent	Date

**A copy of this informed consent document has been provided to the participant.**

London School of Hygiene and Tropical Medicine

Student Number:

Participant Identification Number:

[Informed Consent for Participant\_23.09.16\_v2]