



The Royal College of
Chiropractors

STUDY CONSENT FORM

Title of Project: Evidence-based chiropractic: a prospective survey of interventions in a sample of UK chiropractors.

Name of Researcher: Keith Walker

Please initial
each box

1. I confirm that I have read and understand the information sheet dated 18/01/6016 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my child's participation is voluntary and that I am free to withdraw my child at any time without giving any reason, without any consequence to my child.

3. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals.

4. I agree that my child can take part in the above study.

Name of Child

Name of Parent/Guardian

Date

Signature

Name of person -
taking consent.

Date

Signature



Ethical approval for the study was granted by University of South Wales.