**La Trobe University**

Click to **choose approving above low risk or low risk committee**

**Withdrawal of Consent for Use of Data Form**

Project Title: INSERT THE TITLE OF YOUR PROJECT IN CAPITAL LETTERS

I, , wish to WITHDRAW my consent to the use of data arising from my participation in this project. Data arising from my participation must NOT be used in this research project as described in the Participant Information Statement and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within **four weeks** of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant’s name (printed):

…………………………………………………………

Signature:

…………………………………………………………

Date:

**Please return this form to click here to insert name, click here to insert LTU email address, click here to insert phone number.**

**Ethics approval reference number: Click here to enter ref. no.**