

Consent Form

-StudentSurvey_OnlineResourcesMentalHealth

Please read the following statements carefully and tick them to show your consent:

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I confirm that I am 16 years or older.

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I confirm that I have read and understood the Information on the Survey provided to me in the previous section and any questions about my participation have been answered satisfactorily.

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I understand that my participation is voluntary and that my data will not be collected if I exit the study before completion. However, I am unable to have my data withdrawn after completing the study.

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I understand that the research data may be published anonymously.

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I agree to take part in the survey.