

Case Study Publication Consent Form

Please complete this form to provide consent for your case study to be published. Your information will be kept confidential and your identity will not be revealed unless you provide explicit permission.

Participant Details

Full Name

Date of Birth

Email

Institution / Organization

Consent

☐

I consent to the publication of my case study as described above.

☐

I agree for my information to be anonymized.

☐

I agree to be contacted for further information if required.

Any conditions or limitations on your consent:

Signature

Date

Witness Name

Date

