

Withdrawal of consent form

(to be used for participants who wish to withdraw from the project)



People with disability who access sex worker services, in Australia

I wish to withdraw my consent to participate in the above research project.

I understand that such withdrawal will not affect my relationship with Western Sydney University or the research team.

Name:

Signature:

Date:

Email or post this form to Rachel Wotton:

20080642@student.westernsydney.edu.au

Reply Paid 75953
Western Sydney University
PASA Research (Rachel Wotton)
Locked Bag 1797
Penrith NSW 2751



Ethics Approval Number: H14609