

Informed Consent Form

Title:

**The Effect of Music Therapy on Cognition in
Neurorehabilitation – A
Feasibility Randomized Controlled Trial**

Date:

12 Nov. 23



FORM 3: CONSENT FORM

(ENGLISH)

Title of research: The Effect of Music Therapy on Cognition in Neurorehabilitation – A Feasibility Randomized Controlled Trial

To become a participant in the research, you or your parent/legal guardian are advised to sign this Consent Form.

I herewith confirm that I have met the requirement of age and am capable of acting on behalf of myself /* as a parent/legal guardian as follows:

1. I understand the nature and scope of the research being undertaken.
2. All my questions relating to this research and my participation therein have been answered to my satisfaction.
3. I voluntarily agree to take part in this research, to follow the study procedures and to provide all necessary information to the investigators as requested.
4. I may at any time choose to withdraw from this research without giving reasons.
5. I have received a copy of the Subjects Information Sheet and Consent Form.
6. Except for damages resulting from negligent or malicious conduct of the researcher(s), I hereby release and discharge University of Malaya and all participating researchers from all liability associated with, arising out of, or related to my participation and agree to hold them harmless from any harm or loss that may be incurred by me due to my participation in the research.
7. I have read and understood all the terms and conditions of my participation in the research.

I have read the statements above, understand the same, and voluntarily sign this form.

Dated : ____ day ____ month ____ year

Name of participants (18 years & above): _____

IC/Passport number: _____

Signature: _____ Date: _____

To be filled by parents/legal guardians for participants aged below 18 years

Name of parent/legal guardian: _____

IC/Passport number Parent/legal guardian: _____

Signature of parent/legal guardian: _____ Date: _____

Relationship of the guardian to the participant: _____

Name of researcher: _____ IC/Passport number: _____

Signature of researcher: _____