

**Consent Form**

**Study Title:** Constructing Islamic Parenting in the West...........

**Name of Researcher:** .Dr. Yohai Hakak &............................... **Please initial box**

1. I confirm that I have read and understand the information sheet dated......

.......................... for the above study. I have had the opportunity

to consider the information, ask questions and have had these answered satisfactorily.

1. I understand that my participation is voluntary and that I am free to

withdraw at any time without giving any reason.

1. I understand that data collected during the study, may be looked at by

individuals from University of Portsmouth.

I give permission for these individuals to have access to my data

4. I agree to take part in the above study.

Name of Participant: Date: Signature:

Name of Person taking consent: Date: Signature:

Dr. Yohai Hakak

School of Health Sciences and Social Work

University of Portsmouth

James Watson West

2 King Richard 1st Road

Portsmouth

PO1 2FR

Email: [yohai.hakak@port.ac.uk](mailto:yohai.hakak@port.ac.uk)

Phone: 0239284296

Mobile: 07954155040

When completed: 1 for participant; 1 for researcher ‘s file;