**CO-LEARNING FOR COMMUNITY RESILIENCE**

**FLOODING WORKSHOPS**

**CONSENT FORM**

In signing this form:

* I have received and read the Participant Information Sheet;
* I agree to participate in the schedule of workshop meetings as outlined in the Participant Information Sheet;
* My participation is entirely voluntary and I understand that I am free to withdraw at any time;
* I agree for the Interview to be audio recorded and transcribed anonymously;
* I agree for the researcher to take photos and use them for the project in any outputs, reports or academic publications;
* I understand that the audio recordings will be kept for the duration of the study and for two years afterwards, in a secure location;
* I am aware that my personal information will be kept confidential;
* I understand that raw data files (flip chart notes, etc. will be kept for two years from the end of the study;
* I understand that data will be anonymised and that participants will not be identifiable in any written reports unless they choose to be so;
* I give consent for anonymised data to be used for publication;
* I agree that the anonymised information I provide can be used for publication in print and electronic media. Please note that all such publication is strictly anonymous and you will not be identified;
* I agree not to disclose information about what individual people have said or written at the workshop meetings outside of the group, so as to maintain confidence in the group. Accordingly, I agree that all discussions in the group meetings are confidential in nature and it is for the group to collectively agree on how it communicates its discussions and findings.

Please note that a decision to withdraw or not to take part will not affect participation in future studies.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write your name and full postal address clearly in block capitals.

Name (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (BLOCK CAPITALS)

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Landline telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Researcher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_