**QAID:**

**Working Life in York Survey (May – August 2014)**

**Participant Consent Form**

**Please tick the appropriate box indicating whether you answer YES or No to the following statements**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I confirm that the research has been explained to me, and I have had the opportunity to ask questions. |  |  |
| I confirm that I have had sufficient time to consider whether or not I want to be included in the study. |  |  |
| I understand that I do not have to take part in this research and I can change my mind at any time during the interview, and this will not affect my employment with my employer (JRF/JRHT, CYC or YSJU) in any way at all. |  |  |
| I understand that some of the completed surveys will be selected to be passed to the Welfare Benefits Unit, York to check benefit entitlement. If my completed survey is selected for this I consent to my anonymised details being passed to the Welfare Benefits Unit. |  |  |
| I agree that that my anonymised research data can be kept and used for further research purposes by the University of York research team.  |  |  |
| I agree that my anonymised research data can be linked to anonymised JRF/JRHT, CYC or YSJU employment records held by the University of York research team.\* |  |  |
| I agree that that my anonymised research data can be archived with the Economic and Social Research Council (ESRC) as a data set available to other academic researchers.\* |  |  |
| I am happy to be re-contacted for a future stage of the research project if needed. |  |  |

\*Please note that the respondent can continue with the interview without agreeing to this.

***Please turn over for interviewer and participant signatures***

Name of participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of person taking consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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