International Institute for Sign Languages and Deaf Studies,

University of Central Lancashire, Preston, UK

Centre,

Lancaster University, Lancaster, UK

Lancaster Literacy Research National Institute for Speech and Hearing,

Trivandrum, Kerala, India

Consent form for participants Peer-to-Peer Deaf Literacy

Please	tick the boxes who	ere applicable and sign	at the bottom.		
	I have seen and understood the information for research participants.				
	2. I have had a chance to ask questions about this research, and I am satisfied with the answers				
	3. I understand that my help is voluntary, and that I can change my mind and stop participating				
	any time, without	t giving a reason.			
4. Use	of data				
4.1 □	for the purpose o including research	of research by the Internation of researcher that the by student researcher acts and findings in peer	ational Institute for Sign s, and understand that t	the University of Central Lancashire Languages and Deaf Studies, the project team intends to use and within PhD theses, and to present	
In addition:					
4.2 □	I do <u>not</u> consent to the publication of video data or photos because I want to remain as <u>anonymous</u> as possible, such that only transcribed texts and line drawings can be published.				
<u>(</u>	Or: I agree to the publication of the following:				
[a) Photos in publications (print, CD/DVD, online) and/or				
[b) Video segments for lectures / conferences (presentations) and/or				
□ c) Video segments in publications (CD/DVD, online) and/or					
[□ d) Photos an	nd Videos on the internet	(open online access).		
5. Data retention					
5.1 ☐ I do not want my data to be stored after the research project. Please delete all my data after the standard retention time of 5 years.					
5.2 □	5.2 I may want you to keep my data after the research project. Please contact me at the end of the research project to make arrangements. If I cannot be contacted, my data will be deleted after 5 years				
6. Rev	iew dates: (Any ch	anges are to be recorde	d on a new consent forr	n)	
Name		Place	 Date	Signature	