CONSENT FORM

Extended Working Lives

CONFIDENTIAL

			Please initial box	
1.		nderstand the Information She ider the information, ask quest satisfactorily		
2.	I understand that my participation is voluntary and that I am free to withdraw before publication of the findings without giving any reason			
3.	I give permission for my interview to be recorded			
4.	I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses			
5.	I understand that anonymised quotations from interviews may be used in research publications and that at the end of the project anonymised data will be lodged with the UK Data Archive			
6.	I agree to take part in the above research project			
PRINT	Name of Participant	Date	Signature	
1 1 1 1 1 1		Date	oignature	
PRINT	Name of Researcher	Date	Signature	

To be held securely by the Principal Investigator in the central research repository

