



PARTICIPANT CONSENT FORM

CUREC Approval Reference: SOGE 1A-189

**DePICT: Designing and Policy Implementation for
encouraging Cycling and walking Trips**

DePICT
mobilis.org

Purpose of Study: to understand who gets involved in community-led walking and cycling infrastructure innovations, why they get involved, where these initiatives succeed or do not succeed, and the ways they can contribute to a more equitable and just transport system.

*Please initial each
box*

- | | | |
|----|--|--------------------------|
| 1 | I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty. | <input type="checkbox"/> |
| 3 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford where it is relevant to my taking part in this study. I give permission for these individuals to access my data. | <input type="checkbox"/> |
| 4 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input type="checkbox"/> |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input type="checkbox"/> |
| 6 | I wish for my name, and organizational name, e-mail address, and telephone number, to be shared with, and only with, the other research participants. | <input type="checkbox"/> |
| 7 | I understand how this research will be written up and published. | <input type="checkbox"/> |
| 8 | I understand how to raise a concern or make a complaint. | <input type="checkbox"/> |
| 9 | I consent to being audio recorded | <input type="checkbox"/> |
| 10 | I agree to take part in the above study. | <input type="checkbox"/> |

Name of Participant

Date

Signature

Name of person taking consent

Date

Signature