

**PARTICIPANT CONSENT FORM**

**Title of research project: From paralegal to partnership?: Alternative career routes in the legal profession**

*Please initial or tick box*

1. I confirm that I have read and understood the information sheet for the above study.

The objectives of this research have been explained to me and I have had the opportunity

to consider the information, ask questions and have them answered satisfactorily.

1. I understand that my participation is voluntary and that I am free to withdraw at any time,

without giving any reason.

1. I agree and consent to take part in the above study and consent to the University of Bath

 keeping and processing my personal data for research purposes and for related legitimate

 purposes, for so long as this research is being undertaken and/or reviewed.

1. I understand that the personal data provided by me will not be used for any other purpose.
2. I understand that the interview will be professionally transcribed by a third-party processor who has signed a legally-binding confidentiality agreement.
3. I understand that the information I provide will be confidential and that my name will not be

 used in any outputs from the research as all results that are obtained using my data will

 be made anonymous.

1. I agree for my anonymised transcript to be shared following ESRC guidelines. This means that

my transcript will be archived by the UK Data Archive and made available under access restrictions

(i.e. only after a verifiable researcher has registered and signed the terms of use).

1. I am happy for interviews to be digitally recorded.

My personal data will be held and stored securely and protected in accordance with the requirements of the Data Protection Act 1998.

I now sign below to confirm that agree to take part in the above study and for my personal data to be used as indicated.

------------------------------ -------------------- ------------------------------

Name of participant Date Signature

------------------------------ -------------------- ------------------------------

Name of person taking consent Date Signature