**Participant Consent Form 2018**

Name of Lead Partner: Alliance for Inclusive Education (ALLFIE)

Name of Researcher: Dr Armineh Soorenian

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Please initial box** | |
| 1 | I confirm that I have read and understood the project information sheet and GDPR policy for the above project. | |  |
|  |  | |  |
| 2 | I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | |  |
|  |  | |  |
| 3 | I understand that my participation is voluntary and that information on withdrawal has been provided on the project information sheet. | |  |
|  |  | |  |
| 4 | I understand that it is possible that sensitive issues could be raised during the interview. | |  |
|  |  | |  |
| 5 | I agree for my voice to be audio-recorded. | |  |
|  |  | |  |
| 6 | I agree to my direct quotes from this interview being used and anonymised when reporting or publishing the project findings. | |  |
|  | | |  |
| 7 | *(Optional)* I consent to receiving communication from ALLFIE regarding the project and am aware I can unsubscribe from these communications at any time. *(You do not have to initial this or provide your details below to take part in the project.)* | |  |
|  |  | |  |
| 8 | I agree to take part in the above study.  Yes No | |  |

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Name of Participant Date Signature

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Name of Person taking consent Date Signature

(if different from participant)

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Name of Researcher Date Signature

**Contact Details**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |

**Thank you for completing this consent form.**

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