## Participant Consent Form (V.3 180119)

**Transport and Toilets: Finding solutions which maximise the design and findability of accessible toilets when travelling**

**Dear Study Volunteer,**

You are being invited to take part in a research study on access to toilets whilst travelling. Before you decide whether to take part it is important to understand what the research is for and what you will be asked to do. Please read the information sheet and discuss it with others if you wish. Please ask the researcher if there is anything that is not clear or if you would like more information.

**Before you decide whether to take part there are a few things you should know**:

1. Taking part in this research is completely voluntary;
2. The photographs, audio commentary and any written comments you create

will become project data; We can only accept original photos taken by you for the purpose of this project; Data should not contain human images unless you decide to include yourself in the photographs and give express consent for these to be used on the project.

1. Once the data are uploaded to the University website these will be anonymised unless you advise us otherwise.
2. Both your photos and any written, audio or video-recorded comments you provide on these, may be made available for public viewing and listening at a later date. We will not disclose your name or contact information unless you wish us to link your name to the research and project outputs.
3. We reserve the right to edit comments/audio recordings or not use/publish photos or audio/written data provided.
4. It cannot be guaranteed, due to capacity limitations, that all of the photos submitted will be used in project displays, exhibitions, reports, information leaflets and research articles but please be assured that all your photos and contributions will be included in the data analysis and stored in our main database and all your contributions will be important to the research project.

**Please read the following statements in the table below, tick the relevant boxes and sign your name at the end of the agreement**.

|  |  |  |
| --- | --- | --- |
| I have read and understood the Participant Information Sheet for the above study (Version 2, 19.06.18) | Yes |  |
| No |  |
| I have been given the opportunity to ask questions about the study and understand that if I need any more information I can contact Gill Mathews or another member of the project team | Yes |  |
| No |  |
| I agree to take part in the research and understand that this will not affect my access to any services that I use now or in the future | Yes |  |
| No |  |
| I agree to undertake a participant as co-researcher role.  I understand that I can withdraw from this step at any time and will not be contacted again about this if I choose not to be involved | Yes |  |
| No |  |
| I understand that the data I produce will be kept in a secure way | Yes |  |
| No |  |
| I understand that I will not be personally named in connection with the data I create or in any report, or anything to do with the research and that anything I contribute will be treated in confidence unless I give express consent for this to be otherwise. | Yes |  |
| No |  |
| Do you want to be linked to your photographs and/or any other research ouputs? | Yes |  |
| No |  |
| I understand that any personal information collected will be kept in a secure way | Yes |  |
| No |  |
| If, for any reason, I decide to withdraw from the project, I understand that any information I have created will be anonymised unless I give express consent for this to be otherwise. | Yes |  |
| No |  |
| I agree that if I lose the capacity to decide to take part during the project the research team will contact a guardian (e.g. next of kin and not a paid carer) to revisit the consent process | Yes |  |
| No |  |
| I understand that the data collected will be stored securely by the research team and will be destroyed after a period of five years | Yes |  |
| No |  |

**Ethical Approval**

This study has been reviewed and approved by the Ethics Committee of the School of Health in Social Science based at the University of Edinburgh;

By giving your signature, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), (4) you are taking part in this research study voluntarily (without coercion), and (5) anonymised data only may be shared in public research repositories.

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed)\*

Participant’s signature\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

Name of person obtaining consent (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed)\*

Signature of person obtaining consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

