Participant Consent Form

Title of Research Project: Hidden Crisis: Understanding why waterpoints fail

Name of Researcher:

Participant Identification Number: **Please initial box**

1. I confirm that I have read and understand the information sheet explaining the research project and I have had the opportunity to ask questions about the proj ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. ☐
(contact Frances cleaver F.cleaver@sheffield.ac.uk if any problems)

3. I understand that my responses will be kept strictly confidential. I give permissio for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐

4. I agree for the data collected from me to be used in future research ☐

5. I agree to take part in the above research project. ☐

Name of Participant	Date	Signature
Name of person taking consent	Date	Signature
Lead Researcher	Date	Signature