**Researcher record of oral consent**

**Interviewee Name or Number (if anonymous participant):**

**Date:**

**Location (City / Region):**

**Project Explained (Yes/No):**

**Interview recorded or Notes Taken:**

**Participant agreed to direct quotes? (Yes / No):**

**Participant agreed to quotes which would not identify them? (Yes/No):**

**Participant is not to be quoted at all (Yes/No):**

**OPTIONAL: Signature of Researcher** [Sam Wrighton]

**(Signed in the presence of the**

**interviewee to confirm oral consent):**