**Consent Form – Supporting Interviews**

**Project Title:**   
**Name of Researcher:**

**Email:**

**Please tick each box**

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily | 🞎 |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time during my participation in this study and within four weeks after I took part in the study, without giving any reason. If I withdraw within four weeks of taking part in the study, my data will be removed. | 🞎 |
| 1. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the research team, but my personal information will not be included and I will not be identifiable. | 🞎 |
| 1. I understand that fully anonymised data will be offered to the UK Data Archive and will be made available to genuine research for secondary analysis. | 🞎 |
| 1. I understand that my name/my organisation’s name will not appear in any reports, articles or presentations. | 🞎 |
| 1. I understand that any interviews will be audio-recorded and transcribed and that data will be protected on encrypted devices and kept secure. | 🞎 |
| 1. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study. | 🞎 |
| 1. I agree to take part in the above study. | 🞎 |

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Name of Participant                      Date                                Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

Signature of Researcher **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One copy of this form will be given to the participant and the original kept in the files of the researcher at Lancaster University**