**Ethnic Diversity in Local Government**

**CONSENT FORM**

If you are happy to participate please complete and sign the consent form below

Please tick box

|  |  |
| --- | --- |
| 1. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. This includes a withdrawal of the right to use the interview after it has been conducted up to the point where the final report is published. |  |
| 2. I understand that the interviews will be audio-recorded. The recordings will be destroyed after an anonymised transcript has been created. |  |
| 3. I agree to the use of anonymous quotes. |  |
| 4. I agree that the anonymised transcription of this interview will be stored on a secure University of Manchester computer for a minimum of 10 years and might be shared in the wider research community through UK Data Service or similar. |  |
| 5. I agree that the anonymised transcription of this interview can be used by the University of Manchester researchers working on this project in their future work. |  |
| 6. I confirm that I have read and understood the Participant Information Letter (version, date) |  |
| 7. I agree to take part in the above project |  |

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|  |  |  |  |  |
| Name of participant |  | Date |  | Signature |
| Name of person taking consent |  | Date |  | Signature |