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**Meeting food vulnerability needs during COVID-19**

**Stakeholder Participant Consent Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated 30.06.2020 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I have been given the opportunity to ask questions about the project. | | |  |  |
| I agree to take part in the project. I understand that taking part in the project may include:  Participating in workshops during which verbal and written contributions will be recorded  Being interviewed which will be audio recorded  Sharing reflections in telephone calls during which the researcher will take written notes | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs. | | |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I understand and agree that the research team may use my anonymised data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I give permission for all anonymised data that I provide to be deposited into the UK Data Service repository so it can be used for future research and learning | | |  |  |
| **So that the information you provide can be used legally by the researchers** | | |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | | |  |  |
|  |  |  | | | |
| Name of participant [printed] | Signature | Date | | | |
|  |  |  | | | |
| Name of Researcher [printed] | Signature | Date | | | |
|  |  |  | | | |

**Project contact details for further information:**

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Dr Rachel Loopstra, Department of Nutrition, King’s College London, rachel.loopstra@kcl.ac.uk

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**Meeting food vulnerability needs during COVID-19**

**Stakeholder Participant Consent Form: interview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated 30.06.2020 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I have been given the opportunity to ask questions about the project. | | |  |  |
| I agree to take part in the project. I understand that taking part in the project involves being interviewed which will be audio recorded | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs. | | |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I understand and agree that the research team may use my anonymised data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I give permission for the workshop and interview data that I provide to be deposited into the UK Data Service repository so it can be used for future research and learning | | |  |  |
| **So that the information you provide can be used legally by the researchers** | | |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | | |  |  |
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| Name of participant [printed] | Signature | Date | | | |
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| Name of Researcher [printed] | Signature | Date | | | |
|  |  |  | | | |

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**Meeting food vulnerability needs during COVID-19**

**System User Panel Consent Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated 30.06.2020 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I have been given the opportunity to ask questions about the project. | | |  |  |
| I agree to take part in the project. I understand that taking part in the project may include:  Participating in workshops during which verbal and written contributions will be recorded  Being interviewed which will be audio recorded  Sharing reflections in telephone calls during which the researcher will take written notes | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs. | | |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I understand and agree that the research team may use my anonymised data (under a pseudonym) in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I give permission for all anonymised data that I provide to be deposited into the UK Data Service repository so it can be used for future research and learning | | |  |  |
| **So that the information you provide can be used legally by the researchers** | | |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | | |  |  |
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| Name of participant [printed] | Signature | Date | | | |
|  |  |  | | | |
| Name of Researcher [printed] | Signature | Date | | | |
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**Meeting food vulnerability needs during COVID-19**

**Case Study Consent Form**

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| ***Please tick the appropriate boxes*** | | | **Yes** | **No** |
| **Taking Part in the Project** | | |  |  |
| I have read and understood the project information sheet dated 30.06.2020 or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) | | |  |  |
| I have been given the opportunity to ask questions about the project. | | |  |  |
| I agree to take part in the project. I understand that taking part in case study research for the project may include:  Creating audio, video or photo logs | | |  |  |
| I understand that information I provide through this part of the research may make my anonymised contributions to the panel monitoring identifiable | | |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. | | |  |  |
| **How my information will be used during and after the project** | | |  |  |
| I understand my personal details such as phone number, address and email address etc. will not be revealed to people outside the project. | | |  |  |
| I understand that the data I provide for this part of the research may be identifiable | | |  |  |
| I would like the data I provide for this part of the research to be:  Attributed to my real name  Attributed to a pseudonym | | |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that they will be attributed in line with my above selection (i.e. real name or pseudonym). | | |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I understand and agree that the research team may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | | |  |  |
| I give permission for all data that I provide to be deposited into the UK Data Service repository so it can be used for future research and learning  I would like the data to by anonymised (attributed to a pseudonym) before it is archived | | |  |  |
| **So that the information you provide can be used legally by the researchers** | | |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. | | |  |  |
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