

**LIVERPOOL JOHN MOORES UNIVERSITY**

**CONSENT FORM**

**Title of Project: Exploring experiences of alcohol, marketing and nightlife venues in Liverpool**

**Name of Researchers: Dr Amanda Marie Atkinson, Senior Researcher, Public Health Institute, Liverpool John Moores University**

**Beth Meadows, Research Assistant, Public Health Institute, Liverpool John Moores University**

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary.
3. I understand that any personal information collected during the study will be anonymised by the researcher and remain confidential
4. I agree to take part in this study which involves completing a short survey and taking part in an interview with my friends/individual interview.
5. I understand that the workshop will be audio recorded and I am happy to proceed
6. I understand that parts of our conversation may be used verbatim in future publications, presentations and at a public art exhibition but that such quotes will be anonymised.
7. I agree in principle that parts of the recorded conversation may be used to produce audio recordings, which may be presented at a public art exhibition. I understand that whilst my name will not be published alongside the recording, there is a possibility that someone will recognise my voice.
8. I do not agree that parts of the recorded conversation may be used to produce audio recordings, which may be presented at a public art exhibition.
9. I agree to being contacted via email using the information I have provided to:
   1. receive vouchers for my chosen retailer as an appreciation for participating in the study (via email)
   2. invite me to take part in an optional photography component of the study.
   3. complete an evaluation form about your experience of taking part
   4. I do not agree to the above
10. I understand that the anonymised transcript of the workshop will be deposited in the UK Data Archive.

Name of Participant Date Signature

Name of Researcher Date Signature

Name of Person taking consent Date Signature

*(if different from researcher)*