**CONSENT FORM**

Version 1 : 04/05/2020

Project Title: **Students’ experiences of Covid-19 (the new Coronavirus)**

Name and Contact Details of the Principal Researchers:

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| --- | --- | --- | --- |
| 1 | I have read the Participant Information Sheet (version number: 1, dated: 04/05/2020), which was on the previous page | Yes | No |
| 2 | I agree to take part in the study | Yes | No |
| 3 | I understand that participation is voluntary and also that I am free to withdraw from the research, for any reason and without prejudice | Yes | No |
| 4 | I understand what my role will be in this research, and all my questions have been answered to my satisfaction | Yes | No |
| 5 | I understand that I am free to ask any questions at any time before and during the study | Yes | No |
| 6 | I have been informed that the information I provide will be safeguarded | Yes | No |
| 7 | I am happy for the information I provide to be used (anonymously) in academic papers and other formal research outputs |  |  |
| 8 | I have been provided with a copy of the Participant Information Sheet | Yes | No |
| 9 | I agree to the researchers processing my personal data in accordance with the aims of the study described in the participant information sheet | Yes | No |

If you agree with all statements listed above, click **YES.**

If you disagree with any of the statements above, click **NO** and you will be taken to the end of this survey.

This study is being conducted by Swansea University, College of Human and Health Science.

**Thank you for your participation in this study. Your help is very much appreciated.**