***Children Caring on the Move***

***Consent for interview participation***

If you are happy to participate, please complete this consent form and return it to [*insert researcher’s name*].

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Please tick** | |
|  | | ***Yes*** | ***No*** |
| The research has been explained to me, and I have had any questions answered. | | ❑ | ❑ |
| I understand that I can change my mind and stop taking part at any time, and that I don’t have to answer any questions that I don’t want to. I also understand that I can change my mind about being part of the research, by telling the researcher at any point before the research is published. | | ❑ | ❑ |
| I am happy for my interview to be audio recorded. | | ❑ | ❑ |
| I understand that I can review my transcript and remove or edit any part of it before the research is published. | | ❑ | ❑ |
| If any of my words are used in reports, publications or presentations, I do not want them to be attributed to me (PSUEDONYM ONLY)…  OR | | ❑ | ❑ |
| …If any of my words are used in reports, publications or presentations, they can be attributed to me (REAL NAME). | | ❑ | ❑ |
| I have had time to think about it, and I am happy to take part in this interview. | | ❑ | ❑ |
| Name: |  | | |
| Signature: |  | | |
| Date : |  | | |
| Researcher’s signature: |  | | |