

**PARTICIPANT CONSENT FORM**

**Participant Identification Number for this study:** *XXX*

**Title of Project:** Educational Pathways and Work Outcomes of Disabled Young People in England

**Name of Researcher(s):** Dr Stella Chatzitheochari and Dr Angharad Butler-Rees

Please initial all boxes

1. I confirm that I have read and understand the information sheet (version x, dd/mm/yy) 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 and that I am free to withdraw at any time up until 1 month after my interview date.
3. I understand that data collected during the study may be looked at by individuals from the University of Warwick[[1]](#footnote-0), from regulatory authorities where it is relevant to my taking part in this study. I give my permission to these individuals to have access to my data.
4. I understand that my data will be kept confidential and my contributions will be anonymised - I will not be identifiable in any publications or reports that result from the research. 
5. I consent to my interview being audio recorded.
6. I am happy for my data to be used in future research.
7. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person Date Signature

taking consent

1. In the very rare event of a complaint, the collected data might be consulted by relevant regulatory bodies, such as the Head of Research Governance or by qualified individuals responsible for safeguarding data privacy. The safety of participants (such as request of anonymity, etc.) will remain a priority throughout. [↑](#footnote-ref-0)