**CONSENT FORM**

**Project Title:**

Name of Researchers:

Email:

**Please read the following carefully**  **Please place an ‘X’ in each box**

|  |  |
| --- | --- |
| 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time during my participation in this study without giving any reason and I can withdraw my data from the study up until two weeks after the data collection period has ended. |  |
| 1. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and all reasonable steps will be taken to protect the anonymity of the participants involved in this project. |  |
| 1. I understand and consent to **photographs** of me being disseminated in future outputs, in the form of research articles, academic journals and conferences, videographies, documentaries blog posts, online articles, social media communications and publications and reports for policy recommendations. |  |
| 1. I understand and consent to **video recordings** of me being disseminated in future outputs, in the form of research articles, academic journals and conferences, videographies, documentaries, blog posts, online articles, social media communications and publications and reports for policy recommendations. |  |
| 1. I understand that my name/my organisation’s name will not appear in any reports, articles or presentation without my consent. |  |
| 1. I understand that any interviews will be audio-recorded and transcribed and that data will be protected on encrypted devices and kept secure. |  |
| 1. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study. |  |
| 1. I agree to take part in the above study. |  |

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Name of Participant                      Date                                Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Signature of Researcher /person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**Day/month/year

**One copy of this form will be given to the participant and the original kept in the files of the researcher at [x]**