**Consent Form**

**Research title:**

Exploring Sexuality Knowledge and Experience of Romantic Relationships in Autistic Young Adults and Young Adults with Attention-Deficit/Hyperactivity Disorder, and Autism with Attention-Deficit/Hyperactivity Disorder. Perspectives from Young Adults

Please complete this consent form after you have read and understood the Participant Information Sheet.

|  |  |  |
| --- | --- | --- |
| ***Please tick the appropriate boxes (YES -Y; No-N)*** | Yes | No |
| I confirm that I have read the Participant Information Sheet for the above study and that I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |  |
| I understand that the semi-structured interview will be audio-recorded on Microsoft Teams, however, I may choose to switch my camera off during the recording; or recorded on the Dictaphone if conducted via a telephone. I will have the opportunity to choose the option. |  |  |
| I understand that this project may include highly sensitive questions, however, I may request to pause or stop participating in the semi-structured interview at any point if I feel distressed or too uncomfortable to continue. |  |  |
| I understand that if I reveal any information which may raise concerns about my safety or the safety of others, the researcher will have to inform appropriate authorities about it. |  |  |
| I understand that my participation is voluntary, and I will be able to withdraw from the semi-structured interview within three weeks of completing it. I must request my withdrawal from the study by notifying the researcher about it via the university email. My data will then be removed and not included in any disseminated output. |  |  |
| I understand that the information collected in this semi-structured interview will be confidential and nothing will be published that would enable anyone to identify me. |  |  |
| I understand that the information collected in this semi-structured interview will be used to write a PhD dissertation and it may also be used to support other research in the future and may be shared anonymously with other researchers. |  |  |

Name……………………………………………………………………….

Signature……………………………………………………………………

Please email this form to:

**XXX** to confirm you wish to take part in the study.