

Participant No.

**INFORMED CONSENT FORM:**

**Migrant newcomers in European cities**

You are invited to take part in this research study for the purpose of collecting data on how newcomers find help and support in Newham.

Before you decide to take part, pleasae read the accompanying Participant Information Sheet.

Please do not hesitate to ask questions if anything is unclear or if you would like more information about any aspect of this research. It is important that you feel able to take the necessary time to decide whether or not you wish to take part.

If you are happy to participate, please confirm your consent by circling YES against each of the below statements and then signing and dating the form as participant.

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| --- | --- | --- | --- |
| **1** | **I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions** | **YES** | **NO** |
| **2** | **I understand my participation is voluntary and that I am free to withdraw my data, without giving a reason, by contacting the lead researcher at any time until the date specified in the Participant Information Sheet** | **YES** | **NO** |
| **3** | **I have noted down my participant number (top left of this Consent Form) which may be required by the lead researcher if I wish to withdraw from the study** | **YES** | **NO** |
| **4** | **I understand that all the information I provide will be held securely and treated confidentially** | **YES** | **NO** |
| **5** | **I am happy for the information I provide to be used anonymously in academic papers and other formal research outputs** | **YES** | **NO** |
| **6** | **I understand and agree that the information I provide may be shared with the research partners in Germany and Belgium** | **YES** | **NO** |
| **7** | **I am happy for the interview to be audio recorded** | **YES** | **NO** |
| **8** | **I agree to take part in the above study** | **YES** | **NO** |

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

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| **Participant’s Name** | **Date** | **Signature** |
|  |  |  |
| **Researcher** | **Date** | **Signature** |
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