

**CONSENT FORM FOR PROJECT PARTICIPANTS**

**Title of Project:** The Afterlives of Urban Muslim Asia: Alternative Imaginaries of Society and Polity

**Name of Researcher and School:** Professor Magnus Marsden, School of Global Studies

**C-REC Ref no:**

*Please tick box*

**YES                  NO**

- |                                                                                                                                                                                                                                        |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • <i>I consent to being interviewed by the researcher</i>                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree to allowing the interview to be photographed / filmed / audio-recorded</i>                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I agree to making myself available for a further interview should it be required</i>                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • <i>I understand that I have given my approval for the name of my town/community to be used in the final report of the project, and in further publications</i>                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that any information I provide is confidential, and that no information that I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have read the information sheet, had the opportunity to ask questions and I understand the principles, procedures and possible risks involved.                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that my personal data will be used for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with data protection legislation.     | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.        | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to take part in the above University of Sussex research project                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |

**Name:**

**Signature**



UNIVERSITY  
OF SUSSEX

Date: