**CONSENT FORM**

***I-Can-Do Service: Developing digital accessibility for dementia volunteer service***

Participant Identification Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick your chosen answer | YES | NO |
| 1. | I confirm that I have read the participant information sheet version ........ , date ........................... for the above study. | ☐ | ☐ |
| 2 | I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | ☐ | ☐ |
| 3 | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected. | ☐ | ☐ |
| 4 | I agree to participate in the project to the extent of the activities described to me in the above participant information sheet. | ☐ | ☐ |
| 5 | I agree to my participation being audio recorded for analysis. | ☐ | ☐ |
| 6 | I understand and agree that my words may be quoted anonymously in research outputs. | ☐ | ☐ |
| 7 | I wish to be informed of the outcomes of this research. I can be contacted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ | ☐ |
| 8 | I give permission for a fully anonymised version of the data I provide to be deposited in an Open Access repository so that it can be used for future ***research*** and ***learning***. | ☐ | ☐ |

Name of participant Date Signature

Name of person Date Signature

taking consent