**Interview Only Consent Form**

**Project title**: Domestic violence perpetrator programmes: how do they respond to neurodiversity?

**Researcher(s)**: Dr Nicole Renehan   
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This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

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| --- | --- |
| I confirm that I have read and understand the information sheet dated 07-01-2022 and the privacy notice for the above project. |  |
| I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given. |  |
| I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and/or refuse to answer specific questions |  |
| I understand that anonymised (i.e. not identifiable) versions of my data may be archived and shared with others for legitimate research purposes. Please state EITHER ‘yes’ OR ‘no’ |  |
| I consent to my interview being audio/video recorded and understand that these will be destroyed once transcribed |  |
| I understand that my words may be quoted in publications, reports, and other research outputs.  EITHER  I agree to extended quotes being used in publications  OR  I do not agree to extended quotes being used in publications |  |
| I would like to comment on a pre-published version of the report and have included my email to receive this. (see privacy notice). |  |
| I agree to take part in the above project. |  |

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| Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME IN BLOCK LETTERS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME IN BLOCK LETTERS)\_\_DR NICOLE RENEHAN\_\_\_\_\_\_\_\_\_\_ |