

**CONSENT FORM**

**Participant Identification Number for this study:**

**Title of Project:** *Open City Project*

**Name of Researcher(s):**

Professor John Solomos

Professor Michael Keith, University of Oxford

Professor Karim Murji, University of West London

Professor Steve Pile, Open University

Dr Ying Wang

Eda Yazici

Please initial all boxes

1. I/we confirm that I/we have read and understand the information sheet (*version 1.0, 05/07/21*) for the above study. I/we have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I/we understand that my/our group's participation is voluntary and that I/we am free to withdraw at any time without giving any reason, without my/our legal rights being affected.
3. I/we understand that data collected during the study, may be looked at by individuals from The University of Warwick, and the research team where it is relevant to my taking part in this study. I give permission for these individuals to have access to my data.
4. I/we consent to researcher(s) attending four of my/our meetings
5. I/we consent to the researcher(s) taking notes in my/our meetings
6. I/we am happy for my/our data to be used in future research.
7. I/we agree to take part in the above study on behalf of or with the consent of my group/organisation [delete as appropriate].

Name of Group/Organisation Date Signature

Name of Person Date Signature

taking consent