

**CONSENT FORM**

**Participant Identification Number for this study:**

**Title of Project:** Open City

**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 confirm that I have read and understand the information sheet (*version 1.0, 05/07/21*) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected.
3. I understand that data collected during the study, may be looked at by individuals from The University of Warwick, from regulatory authorities*,* 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 am happy for my data to be used in future research.
5. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person Date Signature

taking consent