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Research Participant Consent Form
This template should be adapted to the needs of the particular study. The version adapted must be approved by your supervisor.

Title of Research Project

Name of Researcher

1. I confirm that I have read and understood the information sheet for this study. I have had the opportunity to ask questions and I have had these answered to my satisfaction.
2. I agree to my data being anonymised and stored. I agree to it being shared in a relevant archive in this form.
3. I understand that my participation is voluntary and that I am free to withdraw at any time and without giving any reason and without there being any negative consequences. I can decline to answer any particular question, or questions.
4. I agree that non identifiable quotes may be published in articles, used in conference presentations, or used for standard academic purposes such as assessment.
5. I agree to the interview being audio recorded, if applicable.
6. I agree to the interview being video recorded, if applicable.
7. I understand that the data collected during the study may be inspected by a supervisor from De Montfort University. I give permission for the supervisor to have access to my data.
8. I agree to take part in the above research project.

Name of Participant Date Signature

Please tick

A copy of the signed and dated consent form should be placed with the project file which must be kept in a secure location.