**EXAMPLE CONSENT FORM**

Title of project: [Project title]

Name of researcher: [name of lead investigator]

**Please initial all boxes if you agree**

1. I confirm that I have read and understood the information sheet [date and

version number] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

1. I understand that my participation is voluntary and that I am free to withdraw

at any time without giving any reason.

3. I agree that non identifiable quotes may be published in articles or used in

conference presentations.

4. I agree to the interview being digitally audio recorded

5. I understand that data collected during the study may be looked at by a

supervisor from De Montfort University. I give permission for the supervisor to have

access to my data.

6. I agree to take part in this study

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Print name of participant Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of person taking consent Date Signature

Consent form date of issue: [date]

Consent form version number: [version]