**Consent Form for [name of project]**

|  |  |  |
| --- | --- | --- |
| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| **Taking Part** |  |  |
| I have read and understood the project information sheet dated DD/MM/YYYY. | ☐ | ☐ |
| I have been given the opportunity to ask questions about the project. | ☐ | ☐ |
| I agree to take part in the project. Taking part in the project may include being interviewed and recorded (audio or video).1 | ☐ | ☐ |
| I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part. | ☐ | ☐ |
| **Use of the information I provide for this project only** |  |  |
| I understand my personal details such as phone number and address will not be revealed to people outside the project. | ☐ | ☐ |
| I understand that my words may be quoted in publications, reports, web pages, and other research outputs. | ☐ | ☐ |
| *Please choose* ***one*** *of the following two options:*  I would like my real name used in the above  I would **not** like my real name to be used in the above. | ☐  ☐ |  |
| **Use of the information I provide beyond this project** |  |  |
| I agree for the data I provide to be archived in anonymous form in an open data repository for use in further research not related to this project. | ☐ | ☐ |
| I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. | ☐ | ☐ |
| I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. | ☐ | ☐ |
| **So we can use the information you provide legally** |  |  |
| I agree to assign the copyright I hold in any materials related to this project to [name of researcher]. | ☐ | ☐ |

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Name of participant [printed] Signature Date

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

Researcher [printed] Signature Date

Project contact details for further information: Names, phone, email addresses, etc.

Notes:

1. Other forms of participation can be listed.
2. More detail can be provided here so that decisions can be made separately about audio, video, transcripts, etc.