*School*

*University*

*Address*

**Consent Form for participation in the research study:**

*Title of project/study*

*Worktribe ethics application ID [delete if not applicable]*

**Principal investigator:** *Your name*

**NOTE TO RESEARCHER: Amend/delete all text in red as appropriate.** ***All guidance information (blue italics) should be deleted.* The final text should be in black and non-italicised.**

*[Please ensure that this form reflects the information provided in the participant information sheet, and that you bring two copies of the consent form as both you and the participant will keep one copy]*

Please indicate your consent to participate in this research project by adding your initials in the right-hand column and include your name and signature below. A copy of the completed form will be given to you for your own records.

|  |  |  |
| --- | --- | --- |
|  |  | **Initial below** |
| 1. | I have read and understood the associated participant information sheet (or it has been read to me). I have had the opportunity to ask questions about the research study and have had these answered satisfactorily. |  |
| 2. | I understand that my participation in this research study is voluntary. I can refuse to answer questions. I can withdraw from the research study at any time without providing a reason and without any detriment to me. |  |
| 3. | I agree to have my data securely collected, stored and processedas part of this research under the conditions outlined in the participant information sheet. |  |
| 4. | *[IF APPLICABLE, OTHERWISE DELETE SECTION]*Please choose **one** of the following options:   * I agree for the interview to be audio recorded.   **OR** |  |
|  | * I agree for the interview to be audio and video recorded. |  |
| 5. | I agree to my *[anonymised / identifiable]* data being used for publications and other scholarly means of disseminating the findings from the research project. |  |
| 5. | *[ALTERNATIVE 5 IF YOUR RESEARCH ALLOWS PARTICIPANTS TO CHOOSE HOW THEIR DATA WILL BE USED, OTHERWISE DELETE THIS SECTION]*Please choose **one** of the following options:   * I agree to my **anonymised** data being used for publications and other scholarly means of disseminating the findings from the research project.   **OR** |  |
|  | * I agree to my **identifiable** data being used for publications and other scholarly means of disseminating the findings from the research project. |  |
| 6. | I understand that my data can only be withdrawn … *[Please include here the conditions outlined in the participant information sheet.]* |  |
| 7. | *[IF APPLICABLE, OTHERWISE DELETE SECTION]*I agree to my *[anonymised / identifiable]* data being used in future studies of the principal investigator without my further permission. |  |
| 8. | *[IF APPLICABLE, OTHERWISE DELETE SECTION]*I understand that the University may publish appropriately anonymised data in appropriate data repositories for verification purposes and to make it accessible to researchers and other research users. |  |
| 9. | I consent to take part in the research study *[Title of project]* |  |

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|  |  |  |  |  |
| Name of participant (PRINT) |  | Date |  | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
| Name of researcher (PRINT) |  | Date |  | Signature |