Title of the research project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature/level of the project: (e.g. statement that it is part of your BSc dissertation)

Institution: University of Bristol (Bristol, United Kingdom)

Researcher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Identification Number for this research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM**

Please select Y or N to indicate your consent

|  |  |
| --- | --- |
| 1. I confirm that I have read the information sheet dated.................... (version............) for the investigation. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

IF YOUR RESEARCH IS ON A SENSTIVE TOPIC (ACCORDING TO GDPR – SEE BRIEFING AND OREMS) THEN YOU MUST ADD A STATEMENT WHERE PARTICIPANTS GIVE CLEAR CONSENT TO DISCUSS THIS (i.e. “I confirm that I understand I will be discussing X issue”) | Yes No |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and that all material will be destroyed/deleted.
 | Yes No |
| 1. I agree to the {interview / focus-group / whatever} being audio-recorded.
 | Yes No |
| 1. I understand that information I provide will be treated confidentially.
 | Yes No |
| 1. I wish to have the opportunity to check the transcript for any factual or transcription errors. I understand that if I wish to qualify the transcript that this will be recorded in an appendix to the Dissertation.
 | Yes No |
| 1. I agree to take part in this research project.
 | Yes No |
| 1. I wish to receive a summary of the research and agree to my contact details being retained until this point.
 | Yes No |

Name of Participant Date Signature

Name of Person Date Signature

taking consent