**Consent Form for Interview**

**Project Title:**

Please initial the boxes below to confirm that you agree with each statement:

|  |  |
| --- | --- |
|  | ***Please Initial box:*** |
| I confirm that I understand the purpose of the interview. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time. In addition, should I not wish to answer any particular question or questions, I am free to decline.  |  |
| I agree for this interview to be recorded. I understand that the audio recording made of this interview will be used only for analysis and that extracts from the interview may be used in any conference presentation, blog post, report or journal article developed as a result of the research. I understand that no other use will be made of the recording without my written permission. |  |
| I agree to take part in this interview. |  |

Name of Participant: Date: Signature: