



## SEMI STRUCTURED INTERVIEW: PARTICIPANT CONSENT FORM

Project title:		
Please answer the following questions to the best of your knowledge.		
Have you:	YES	NO
Been given information explaining the study?		
Had an opportunity to ask questions and discuss the study?		
Received satisfactory answers to all questions you have asked?		
Received enough information about the study for you to make a decision about your participation?		
Do you consent to:	YES	NO
The interview being audio recorded?		
Your general job role being used in the thesis?  (Example: "A representative from [your organisation] said")		
Your data being used by the researcher in future publications?		
Do you understand that:	YES	NO
You are free to withdraw from the study at any time		
You are free to withdraw your data up for 2 weeks after you have received a copy of your transcript		

University of Bristoi Law School	
Tel: 01179545356	
Name:	
e-mail:	



You do not have to give a reason for withdrawing

By signing below, I hereby fully and freely consent to my participation in this study:	
Participant's name:(BLOCK CAPITALS)	
Participant's signature:	
Date:	

If you have any concerns related to your participation in this study, please direct them to the University of Bristol School of Law Research Ethics Committee, via the Research Governance Team at <a href="research-governance@bristol.ac.uk">research-governance@bristol.ac.uk</a>.

One copy to be retained by the participant, and one copy by the researcher.