**CONSENT FORM**

**[RESEARCH TITLE]**

You are invited to take part in the above research project for the purpose of collecting data on [RESEARCH AIM].

Before you decide to take part, you must **read the accompanying Participant Information Sheet and** [**Privacy Notice**](https://livecoventryac.sharepoint.com/:w:/s/externalstudentdocuments/ES5MKa3ING5AkN87Zzi7LRsB0S1p8DR4VoEDvhe5KWRbwQ?e=mIHS7P)

**Researcher(s)**:  
**Department:**  
**Contact details**: (*include University email address*)

*If applicable:***Supervisor name**:  
**Supervisor contact details:**

This form is to confirm that you understand what the purposes of the research project are, what will be involved and that you agree to take part. If you are happy to participate, please initial each box to indicate your agreement, sign and date the form, and return to the researcher.

Please do not hesitate to ask questions if anything is unclear or if you would like more information about any aspect of this research. It is important that you feel able to take the necessary time to decide whether or not you wish to take part.

|  |  |  |
| --- | --- | --- |
| **1** | **I confirm that I have read and understood the Participant Information Sheet for the above research project and have had the opportunity to ask questions.** |  |
| **2** | **I understand that all the information I provide will be held securely and treated confidentially. I understand who will have access to any personal data provided and what will happen to the data at the end of the research project.** |  |
| **3** | **I understand my participation is voluntary and that I am free to withdraw my participation and data, without giving a reason, by contacting the lead at any time until the date specified in the Participant Information Sheet.** |  |
| **4** | **I understand the results of this research will be used in academic papers and other formal research outputs.** |  |
| **5** | **I am happy for the interview to be audio/video recorded.**  ***[delete/amend as necessary]*** |  |
| **6** | **I agree to take part in the above research project.** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Participant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Researcher Signature Date**