**Confidentiality Agreement for the Transcription of Qualitative Data**

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| --- | --- |
| **Name of Study:** |  |
| **Study PI:** |  |

In accordance with the University Research Ethics and Integrity Committee (UREIC), all participants in the above-named study are anonymised. Therefore, any personal information or any of the data generated or secured through transcription will not be disclosed to any third party.

By signing this document, you are agreeing:

* not to pass on, divulge or discuss the contents of the audio material provided to you for transcription to any third parties
* to ensure that material provided for transcription is held securely and can only be accessed via password on your local PC
* to return transcribed material to the research team when completed by the agreed deadline and do so in password protected files
* to destroy any audio and electronic files held by you and relevant to the above study immediately after transcripts have been provided to the research team, or to return said audio files.
* to assist the University where a research participant has invoked one of their rights under data protection legislation
* to report any loss, unscheduled deletion, or unauthorised disclosure of the audio material to any third parties, to the University immediately
* only act on the written instructions of the University/researcher
* to, upon reasonable request, allow the researcher, or other University representative, to inspect the location and devices where the audio material is stored to ensure compliance with this agreement
* to inform the University’s Data Protection Officer if you believe you believe you have been asked to do something with the audio material which contravenes applicable data protection legislation
* to not employ any other person to carry out the work on your behalf.

**Your name (block capitals)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address at which transcription will take place**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_