**CONSENT FORM**

**Project Title:**

Name of Researchers:

Email:

**Please initial each statement**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any

 reason. If I withdraw within [x weeks] of commencement of the study my data will be removed. If I am

 involved in focus groups and then withdraw my data will remain part of the study.

1. If I am participating in the focus group I understand that any information disclosed within the focus group

 remains confidential to the group, and I will not discuss the focus group with or in front of anyone who was

 not involved unless I have the relevant person’s express permission.

1. I understand that any information given by me may be used in future reports, academic articles, publications

 or presentations by the researcher/s, but my personal information will not be included and all reasonable steps will be taken to protect the anonymity of the participants involved in this project.

1. I understand that my name/my organisation’s name will not appear in any reports, articles or presentation

without my consent.

1. I understand that any interviews or focus groups will be audio-recorded and transcribed and that data will

 be protected on encrypted devices and kept secure.

1. I understand that data will be kept according to University guidelines for a minimum of 10 years after the

end of the study.

1. I agree to take part in the above study. 

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Name of Participant                      Date                                Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Signature of Researcher /person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**Day/month/year

[Contact details for research team, plus an independent source of contact (usually the Head of Department) should be given here]

**One copy of this form will be given to the participant and the original kept in the files of the researcher at Lancaster University**