



Participant Consent Form

Project Title: Clasp

Name of Participant: _____

Pseudonym to be used in research: _____
(Please leave blank if you prefer the researchers to select a pseudonym)

The purpose of this consent form is to check that you understand what will be required of you if you agree to take part in the study, and how any information you give will be used.

1. I confirm that I have read and understood the *Participant Information Sheet* for the above study
2. I have had the opportunity to consider the information, ask questions about the research and have had these answered satisfactorily
3. I agree to participate in this study. I understand that my participation is voluntary and that I can opt-out of the study at any time as described in the *Information Sheet*.
4. I understand that I have the right to withdraw, without giving reasons for this, at any point during the study
5. I agree for any interviews I give to be recorded
6. I agree for my photos and video to be taken
7. I agree that any quotations from what I say during an interview can be used in publications. I understand that my quotations will be used anonymously
8. I understand that any personal data I provide will be retained and processed by the researcher in accordance with the Data Protection Act 1998
9. By providing contact details I understand that I will be contacted further by the team with updates about the study

Participant email/phone #: _____ (optional)

Participant's signature: _____

Researcher's signature: _____

Date: _____