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|  |  | **CONSENT FORM****Participant Identification Number:\_\_\_\_\_\_\_\_** |

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| **Title of Project:** |  |
| **Chief Investigator:** |  |
| **Study Number:** |  |

 **Please initial box**

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| 1. | I confirm that I have read, or had read to me, and understand the information sheet dated dd/mm/yyyy, version xx for the above study. I have had the opportunity to ask questions and these have been answered fully. |  |
| 2. | I understand that my participation is voluntary and I am free to withdraw specify period of time, without giving any reason and without my legal rights being affected. This may include deletion of the following data: (a) audio recordings of interviews that identify me; (b) video recordings of me by specify medium; (c) interview transcripts or notes where I have contributed.  |  |
| 3. | I understand the study is being conducted by researchers from Queen’s University Belfast and that my personal information will be held securely on University premises and handled in accordance with the provisions of the Data Protection Act 2018. |  |
| 4. | I understand that data collected as part of this study may be looked at by authorised individuals from Queen’s University Belfast [and regulatory authorities] where it is relevant to my taking part in this research. I give permission for these individuals to have access to this information.  |  |
|  |  |  |
|  | The first 4 points above must appear on your consent form. Delete or amend the sections in red. Add other content as required such as acknowledging that you will be publishing from the research and that the respondent’s information may be included. It is acceptable to notarise the form yourself while obtaining verbal consent on a video or audio recording if the respondent for whatever reason does not want to provide their actual name.  |  |
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Name of Participant (please print) Signature Date

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Name of Person Taking Consent Signature Date

(please print)

Chief Investigator or Researcher Contact details: xxxxxxxxxxxxxx