**CONSENT FORM (including Focus Group consent)**

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| Project Title: | **PROJECT NAME** |
| Name of Researchers: | **NAME OF RESEARCHER(S)** |
| Email: | **EMAIL ADDRESS** |

**Please read the following carefully:**

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| --- | --- | --- | --- |
| 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. | | |  |
| 1. 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.** 2. 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 I will not be identifiable. | | |  |
| 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. | | |  |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DD/MM/YYYY

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