

**CONSENT FORM**

Title of research project: [Insert title of the research project]

Student(s): [Insert student name(s)]

Module: [Insert module name and number]

Module Leader: [Insert name]

|  |  |
| --- | --- |
| I confirm that I have read the information sheet for the above research project.  |  |
| I confirm that I have understood the information sheet and that I have had the opportunity to ask questions and that these have been answered satisfactorily. |  |
| I understand that my participation is voluntary and I am free to withdraw at any time without giving a reason. |  |
| I understand that this study is part of a module and anonymised data I provide may be included as part of coursework.  |  |
| [IF RELEVANT] I consent to being audio recorded/ video recorded/ having my photograph taken for the purposes of the research project and I understand how it will be used in the research. |  |
| [IF RELEVANT] I understand that anonymised excerpts and/or verbatim quotes from my [INTERVIEW/QUESTIONNAIRE ETC] may be used as part of the research publication. |  |
| I agree to take part in this research project. |  |
| [You can add additional statements if necessary. If not, please remove this row. ] |  |

Name of participant (print) Date Signature

Name of person taking consent Date Signature

(print)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role of person taking consent**

**(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**