

(The College logo must be used unless the Ethics Committee specifically permits you not to.)

**Sample 2 (check box format)**

**Consent Form**

You are recommended to refer to the **Consent Form with Notes** for detailed guidance on this form. (Remove blue text - Use the clauses appropriate to your needs)

Title of Project: …………………………………………………………………………….

Name of Researcher: …………………………………………………………….

(and Supervisor if relevant, add another line)

**Basic consent clauses**

**Please tick as appropriate**

Yes [ ]  No [ ]  Iconfirm that I have read and understood the Participant Information Sheet (or Plain Language Statement) for the above study and have had the opportunity to ask questions.

Yes [ ]  No [ ]  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

**Consent on method clause**

Yes [ ]  No [ ]  I consent to interviews being audio-recorded

Yes [ ]  No [ ]  I acknowledge that copies of transcripts will be returned to participants for verification. **(Optional clause)**

**Confidentiality/anonymity clauses**

Yes [ ]  No [ ]  I acknowledge that participants will be referred to by pseudonym.

**OR**

Yes [ ]  No [ ]  I acknowledge that participants will be identified by name in any publications arising from the research.

**Where dependent relationship exists**

Yes [ ]  No [ ]  I acknowledge that there will be no effect on my grades/employment (input category as relevant) arising from my participation or non-participation in this research.

**Clauses relating to data usage and storage**

**Select appropriate options as required, editing where appropriate**

**I agree that:**

Yes [ ]  No [ ]  All names and other material likely to identify individuals will be anonymised.

Yes [ ]  No [ ]  The material will be treated as confidential and kept in secure storage at all times.

Yes [ ]  No [ ]  The material will be destroyed once the project is complete.

Yes [ ]  No [ ]  The material will be retained in secure storage for use in future academic research

Yes [ ]  No [ ]  The material may be used in future publications, both print and online.

Yes [ ]  No [ ]  I waive my copyright to any data collected as part of this project.

Yes [ ]  No [ ]  Other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

Yes [ ]  No [ ]  Other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form

**Refer to Privacy Notice** in relation to processing of personal data.

Yes [ ]  No [ ]  I acknowledge the provision of a Privacy Notice in relation to this research project.

**Consent clause, tick box format**

I agree to take part in this research study [ ]

I do not agree to take part in this research study [ ]

Name of Participant ………………………… Signature …………………………………………

Date ……………………………………

Name of Parent/guardian (if participant is under 16, remove if not required) ……………………………………………

Signature …………………………………………………….. Date ……………………………………

Name of Researcher ……………………………………Signature ………………………………………

Date ……………………………………

……………… End of consent form ……………