

(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 ……………