**SAMPLE CONSENT FORM TEMPLATE  
The text in blue is suggested wording. Tailor this to reflect your research project in black font and remove this top section before submitting final document with your ethics application.**

**Consent Form**

|  |  |
| --- | --- |
| **Title of Project:** |  |
| **Name of Researcher:** |  |
| **Name of supervisor (if applicable):** |  |

**Consent clauses**

|  |  |  |
| --- | --- | --- |
| * Iconfirm that I have received a copy of the Privacy Notice for the above study and understand how my personal data will be processed | Yes | No |
| * I acknowledge receipt of a Participant Information Sheet and understand the purpose of the research, methods to be used and how to raise any concerns if needed | Yes | No |
| * I have been able to raise any questions with the researcher/research team | Yes | No |
| * I understand that my participation is voluntary and that I am free to withdraw at any time (*including after my contribution has been collected*), without giving any reason | Yes | No |
| * I consent to interviews/focus groups being audio/video recorded (if applicable) | Yes | No |
| * I agree to waive my copyright to any data collected as part of this project | Yes | No |

**Confidentiality/Anonymity clauses**

* I acknowledge that participants will be referred to by pseudonym
* I acknowledge that participants will be identified by name in publications arising from the research
* Other

**Dependent relationship(s)**

* Participants are known to the researcher through INSERT HERE
* Researchers are known to participants through INSERT HERE
* I acknowledge that there will be no effect on my grades/employment arising from my participation or non-participation in this research
* Other

**Data usage and storage I understand that:**

* all names and other material likely to identify individuals will be anonymised
* materials will be treated as confidential and always kept in secure storage
* materials will be destroyed once the project is complete
* materials will be retained in secure storage for use in future academic research
* materials may be used in future publications, both print and online
* 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
* 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
* copies of transcripts will be returned to participants for verification
* Other

**Consent & Agreement – participant**

|  |  |
| --- | --- |
| Name of participant |  |
| I agree to take part in the above study |  |
| I do not agree to take part in the above study |  |
| Signature |  |
| Date |  |

**Consent & Agreement – Parent/guardian** (additional for participants under the age of 16)

|  |  |
| --- | --- |
| Name of parent/guardian |  |
| I agree for my child/ward to take part in the above study |  |
| I do not agree for my child/ward to take part in the above study |  |
| Signature |  |
| Date |  |

**Researcher signature**

|  |  |
| --- | --- |
| Name of researcher | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |