Date

Name

Course

Department

Building

Manchester Metropolitan University

Tel:

# Consent Form

|  |
| --- |
| **Title of Project:**  **Name of Researcher:**  Participant Identification Code for this project:  **Please initial box**   1. I confirm that I have read and understood the information sheet   dated …. for the above project and have had the  opportunity to ask questions about the interview procedure.   1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason to the named researcher. 2. I understand that my responses will be sound recorded and used for analysis   for this research project.   1. I give/do not give permission for my interview recording to be archived as part of this   research project, making it available to future researchers.   1. I understand that my responses will remain anonymous. 2. I agree to take part in the above research project. 3. I understand that at my request a transcript of my interview can be made   available to me.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Participant Date Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher Date Signature  *To be signed and dated in presence of the participant*  *Once this has been signed, you will receive a copy of your signed and dated consent form and information sheet by post.* |