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 withdrawat 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.* |