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| A close up of a logo  Description automatically generated | TRUST LOGO if applicable |

**CONSENT FORM (for x specific part/s of research project e.g. interview, focus group)**

Title of Project:

Name of Researcher:

Please initial box

|  |  |
| --- | --- |
| 1. I confirm that I have read the information sheet dated …. (version X) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily |  |
| 1. I understand that my participation is voluntary, that I am free to withdraw at any time, and withdraw my data until the point of data processing, without giving any reason. |  |
| 1. I understand *for example, adapt as required- e.g. anonymity?* that the interview will be audio-recorded, and then transcribed using no person specific identifiable data. 2. I understand that information collected about me during my participation in this study will be stored on the University of Wolverhampton One Drive, retained for 10 years post-study completion, and that this information will be used only for the purpose of this study. 3. I understand that information will be kept confidential to the limits of the law. Any  safeguarding concerns as applicablewould have to be raised in accordance with professional requirements. | Shape  Shape |
| 1. I voluntarily agree to take part in the above study- whether I participate or not, will have no impact on *for example, adapt as required* my care/my progression on the course | Shape |

Name of Participant Date Signature

Name of Researcher Date Signature