**

**CONSENT FORM**

**Title of Research:**

*[Insert Title of Project as in application for ethical approval]*

**Researcher’s Name:**

*[Insert Name of Researcher and School]*

**Supervisor’s Name:**

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights
3. [*If relevant:]* I understand that the interview/focus group will be audio recorded and direct quotes may be used in future publications or presentations. These will be anonymised
4. I understand that any personal information collected during the study will be stored securely and remain confidential
5. I agree to take part in the above study

All information collected about you during the course of the research will be kept **strictly confidential.** Any information about you will not be disclosed to anyone. If the results of this study are published no referencewill be made to those individuals who took part.

**However, should you suggest, imply or state that you are involved in specific serious criminal activities (e.g. offences against children) then the researcher will inform the necessary authorities.**

Name of Participant Date Signature

Name of Researcher Date Signature

*Note: When completed 1 copy for participant and 1 copy for researcher*