**PARTICIPANT CONSENT FORM**

**Reference Number:** *<<to be complete before consent form and information sheet are provided to participants>>*

**Participant name or Study ID Number:**

**Title of Project:** *<<to be complete before consent form and information sheet are provided to participants>>*

**Name of Principal Investigator:** *<<to be complete before consent form and information sheet are provided to participants>>*

**Name of person taking consent:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant to complete this section: Please initial each box.**

|  |  |
| --- | --- |
| 1. I confirm that I have read and understood the information sheet for this 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 during the data collection period, without giving any reason. |  |
| 3. I understand that once data collection has been completed, I may request withdrawal of my data from the study at any time prior to completion of data analysis without giving any reason. <<*indicate the date when analysis will be completed>>* |  |
| 4. I understand that once data analysis has been completed I have the right to be forgotten and can request erasure of personal data recorded during this project *<<unless it is necessary to retain this data to avoid compromising the research as stated in article 17 of the GDPR>>.* I further understand that beyond *<<date when analysis will be completed>>* it will be necessary for the university to retain non-personal data for verification purposes until*<<date that the university will store data until>>* |  |
| 5. I agree to take part in the above study. |  |
| The following statements could also be included on the consent form if appropriate: | |
| I agree to the interview / focus group / consultation being audio recorded. |  |
| I agree to the interview / focus group / consultation being video recorded. |  |
| I agree to the use of anonymised quotes in publications. |  |

|  |  |
| --- | --- |
| Signature of participant: | Date: |
| Signature of person taking consent: | Date: |

Any information you provide will be treated in accordance with data protection principles for the purposes specified within the Participant Information Sheet. Cardiff Metropolitan University will process your personal data in line with Article 6(1)(a) and Article 9(2)(a) of the General Data Protection Regulation 2018 which specifies that your personal data can only be processed with your explicit consent. By signing this form and ticking the boxes above you are confirming that you have understood the reasons for obtaining your data and you are happy for the study to proceed. Please note that you have the right to withdraw consent at any point. Should you wish to invoke that right please contact *[insert contact details of relevant individual]*

A Participant Withdrawal Form is available from the [Cardiff Met website](http://www.cardiffmet.ac.uk/research/Pages/Ethics-Governance.aspx)