**PARTICIPANT WITHDRAWAL FORM**

**Reference Number:** *<<to be completed before the form is provided to the participant>>*

**Participant name or Study ID Number:**

**Title of Project:** *<<to be complete before the form is provided to the participant>>*

**Name of Principal Investigator:** *<<to be complete before the form is provided to the participant>>*

**Name of the person to whom this form should be submitted:** *<<insert contact details for the School ethics administrative support>>*

**Participant to complete this section. Please initial one of the following boxes:**

|  |  |
| --- | --- |
| 1. I confirm that I wish to withdraw from the study before data collection has been completed and understand that any data collected about me up to this point will be withdrawn. |  |
| 2. I confirm that I wish to withdraw from the study after data analysis has started and understand that all data from which I can be identified will be withdrawn. |  |
| 3. I confirm that, although the data analysis for the project has already taken place, I wish to request to be forgotten. I understand that GDPR states that research studies are exempt from the right to be forgotten where this is “likely to render impossible or seriously impair the achievement of the objectives” and that my request will be considered by the University with this in mind. The University will endeavour to take every possible measure to comply with the request without impairing the research  |  |

Your name is required to verify that you have withdrawn your data from the study as specified above. In the case of (3), above, we will need to retain this form until *<<the date when verification records are being held until>>*.

It may be necessary to share this information with internal examiners, external examiners, and / or journal editors for the purposes of verification of findings and tracing results of studies to the raw data used.

This form will be stored securely until *<<the date when verification records are being held until>>*, when it will be destroyed, and will not be shared with anyone else.

|  |  |
| --- | --- |
| Name and Signature of participant: | Date: |
| Name and Signature of person who will ensure that the stated data have been deleted: | Date: |