**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:**

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

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| --- | --- |
| 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 without giving any reason. |  |
| 3. I understand that if I withdraw from the project either before or during the data collection phase, any data collected about me to that point will be withdrawn and not used in the data analysis phase, or included in any publication of project outcomes.  I note the indicative timescale for the data collection phase of this project is *<<provide an indicative timescale>>* |  |
| 4. I understand that if I withdraw from the project once data analysis has started, it will only be possible to withdraw data from which I can be identified.  I note the indicative timescale for the data analysis phase of this project is *<<provide an indicative timescale>>*  I further understand that after the end of the data analysis phase 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 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 any request I make to invoke my right to be forgotten 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. |  |
| 6. 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. |  |

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| --- | --- |
| Signature and name of participant: | Date: |
| Signature and name 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 School ethics administrative support]*