**[insert name of project] Consent Form** (NB. All items in RED to be amended or removed.)

|  |  |  |
| --- | --- | --- |
| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| **Taking Part in the Project** |  |  |
| I have read and understood the project information sheet dated DD/MM/YYYY or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) |  |  |
| I have been given the opportunity to ask questions about the project. |  |  |
| I agree to take part in the project. I understand that taking part in the project will include… (add in what your participant will be doing: completing a questionnaire, being interviewed, being recorded (audio and / or video, participating in a focus group; if there are several stages to the research, you may need separate tickboxes for each. |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time/before [DATE]; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |  |
| **How my information will be used during and after the project** |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this. |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I give permission for the [specify the data] that I provide to be deposited in [name of data repository]so it can be used for future research and learning |  |  |
| **So that the information you provide can be used legally by the researchers** |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. |  |  |

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| --- | --- | --- |
|  |  |  |
| Name of participant [printed] | Signature | Date |
|  |  |  |
| Name of Researcher [printed] | Signature | Date |
|  |  |  |

**Project contact details for further information:**

These details should include Principal Investigator/lead researcher; Supervisor (if applicable); a person outside the project who can be contacted in the event of a complaint (E.g. Head of Department): Include names, email addresses, the University’s address, and phone if appropriate (DO NOT include phone details for HoD)

Save 2 copies of the consent form: 1 paper copy for the participant, 1 copy for the research data file