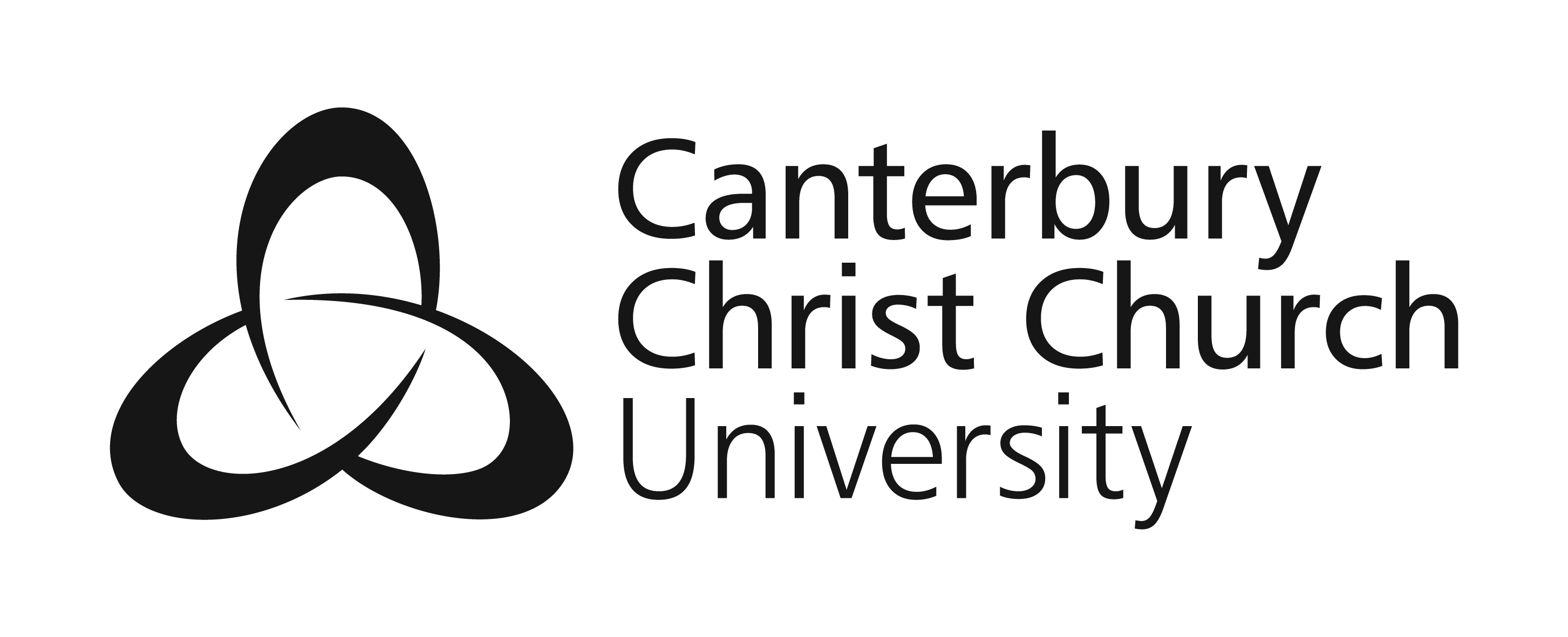
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**CONSENT FORM**

|  |  |
| --- | --- |
| **Title of Project:** |  |
| **Name of Researcher**: | *<Please include the names of the principal investigator and any co-researchers if relevant>* |

**Contact details:**

|  |  |  |
| --- | --- | --- |
| **Address:** |  | *[Use CCCU postal address preceded by your Faculty]* |
|  |  |  |
|  |  |  |
|  |  |  |
| **Tel:** |  | *[Avoid the use of a personal mobile/telephone number. Use professional telephone number or for students the CCCU main number followed by your supervisors extension.]* |
|  |  |  |
| **Email:** |  | *[Use your CCCU email address]* |

**Please initial box**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions. |  |  |
| 2. | (If applicable) I confirm that I agree to any audio and/or visual recordings. |  |  |
| 3. | I understand that any personal information that I provide to the researchers will be kept strictly confidential and in line with the University [Research Privacy Notice](https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacy-notices/privacy-notices.aspx) |  |  |
| 4. | I understand that my participation is voluntary and that I am free to withdraw my participation at any time, without giving a reason. |  |  |
| 5. | I agree to take part in the above project. |  |  |

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|  |  |  |
| --- | --- | --- |
| Name of Participant: | Date: | Signature: |
| Name of person taking consent *(if different from researcher)* | Date: | Signature: |
| Researcher: | Date: | Signature: |

Copies: 1 for participant

1 for researcher