**[UNIVERSITY OF HUDDERSFIELD – LOGO]**

**PARTICIPANT CONSENT FORM**

[Title of Project]

[Researchers]

[Name of organisation]

Thank you for your interest in this research project. Before agreeing to participate, please read the Information Sheet. If you have any questions, please ask a researcher. You will be given a copy of this Consent Form, and one will be retained by the researcher.

I agree that (please tick) (√)

|  |  |
| --- | --- |
| I have read the information sheet and understand the purpose of the research. |  |
| I understand that if I decide to no longer take part in this research I can leave the [research intervention] [at any time]. I understand that I can withdraw my data any time prior to publication. |  |
| I understand that should I wish to withdraw my contribution I can contact [insert details of researcher and explain procedure – state if they can withdraw at any time or if there’s a cut-off point], without giving a reason. |  |
| I understand that my personal information will be processed only for the purposes of this research. I understand that such information will be treated as confidential, except where legal obligations require information to be shared with relevant personnel, and handled in accordance with the provisions of the General Data Protection Regulation (GDPR) and UK Data Protection Act 2018. |  |
| I understand that the information I share, including anonymised direct quotes, may be included in any resulting report. [Remove as necessary]. |  |
| [RECOMMENDED] I consent to the research team having access to any results derived from this study for any subsequent analyses or publications in the future. I understand that any identifying information would be kept confidential (except where legal obligations require information to be shared with relevant personnel), and access limited strictly to the original study team and database team. |  |
| [OPTIONAL] I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. |  |
| I understand that my participation will be audio [OR VIDEO /PHOTOGRAPHED] recorded for accuracy. |  |
| I understand that any audio recordings may be transcribed by individuals other than the research team. [Specify if possible] |  |
| [OPTIONAL IF REQUIRED] I understand that data provided may be shared with researchers in countries outside the European Union. |  |
| I understand that the information I provide will be retained for [10 YEARS UNLESS OTHERWISE REQUIRED] and destroyed [AFTER THIS TIME]. |  |
| [As applicable, insert a statement about whether the participants will be able to access or modify the research data that they contribute, eg receipt of interim findings.] |  |
| [OPTIONAL – FOR THOSE WHO DO NOT WISH TO BE ANONYMOUS: I understand that quotes will be attributed to me, and give my permission to be named as the source of the quotation in this or any subsequent publications in the future]. |  |
| I agree that the project named above has been explained to me to my satisfaction and I agree to take part in this research. |  |
| I have read and understood the institution’s [Data Protection Policy](https://www.hud.ac.uk/informationgovernance/dataprotection/) and consent to the researchers processing my personal data accordingly. |  |

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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