

# Official Consent Form

## CONSENT FORM

### Project Title:

Name of Researchers: Rachel Jordan and Dr Chris Walton

Email: r.c.jordan@lancaster.ac.uk

### Please tick each box

I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that once I have submitted my responses I will no longer be able to withdraw from the study.

I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and I will not be identifiable.

I understand that my name will not appear in any reports, articles or presentation without my consent.

I understand that data will be kept according to University guidelines for a minimum of 3 years after the end of the study.

I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

Signature of Researcher /person taking the consent \_\_\_\_\_ Date \_\_\_\_\_

## Consent Form Included in the Survey

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