

Department of Psychology

Consent Form

Title of Study: What do you think collecting your degree results will be like?

Name of Participant:.....

Please read the following statements and indicate whether you agree with them or not by ticking the appropriate boxes.

	Yes	No
I agree to participate in this research		
I agree that I am participating at my own free will		
I agree that I have been given the opportunity to ask any questions if I have wished to do so		
I am aware that I am able to withdraw from the study at any time, without giving a reason and with no adverse consequences		
I have been given full information about the study (Participant Information Sheet)		
I have been given contact information for the researchers		
I understand that all my data and information is kept confidential		
I have been given the contact details for the Head of the Department		
I agree to allow for my anonymised data to be published online for other researchers to access		
I agree that my anonymised data to be used for scientific publication		
I agree to allow for my anonymised research data to be archived by the Department of Psychology and for the data to be made available to other researchers		

Participant Name:

Participant Code (researcher use):

By signing the following you are agreeing to give consent to take part in the study

Participant Signed:..... Date:.....

Researcher Signed:..... Date:.....

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**Researcher:**

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