EXAMPLE PARTICIPANT CONSENT FORM

Project title ………………………………………………………………………………………………

Researcher’s name ………………………………………………………………………………………………

Supervisor’s name ………………………………………………………………………………………………

 I understand the purpose of the research project and my involvement in it.

 I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.

 I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.

 I understand that I will be audiotaped / videotaped during the interview. {Omit this point if the interview will not be taped}

 I understand that I may contact the researcher or supervisor if I require further information about the research.

Signed ………………………………………… (Research participant)

Print name …………………………………… Date …………………………………

Contact details

Researcher: *{complete preferred contact details}*

Supervisor: *{complete preferred contact details}*