****EXAMPLE ACCESSIBLE CONSENT FORM

**Title of research project (Add title here)**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick each statement:**

I have received and understood the Study Information about the project: “Title**”**  Please tick \_\_\_\_\_\_\_\_\_

I have been able to ask questions about the study and these answered in a way that I understand and am happy with. Please tick \_\_\_\_\_\_\_\_\_

I understand that my participation is voluntary and whether or not I decide to take part will have no effect on my relationship with my (organisation). *(Delete / amend as needed)* Please tick \_\_\_\_\_\_\_\_\_

I understand that I am free to stop taking part in the project at any time, without giving any reason.

 Please tick \_\_\_\_\_\_\_\_

I understand that my interview / the group discussion will be audio recorded and then made into an anonymised written transcript stored securely at Lancaster University

Please tick \_\_\_\_\_\_\_\_\_\_

When interviewed / or in group discussions I can also refuse to answer a question and ask to stop taking part at any time without having to give an explanation. Please tick \_\_\_\_\_\_\_\_\_\_

*(Delete unless collecting visual data)*

I understand photographs may be taken of … (add information) but I can refuse photographs. I understand no photographs will be taken of me unless I specifically request it. I can ask for photos taken of me to be deleted Please tick \_\_\_\_\_\_\_\_\_\_

I understand any information I give will remain confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the researchers may need to share this information with *(add appropriate contact name of supervisors and/or other relevant person etc)*. Please tick \_\_\_\_\_\_\_\_\_

I understand some anonymised quotes *(and/or images)* from the study may be used in reports and academic papers but these will not be shared in other ways. Please tick \_\_\_\_\_\_\_

I agree to take part in the above study. Please tick \_\_\_\_\_\_\_\_\_\_

**Name of researcher:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_**Day/month/year

**One copy of this form will be given to the participant and the original kept in the files of the researcher at ……..(Add name of your organisation here)**