**Consent tick sheet for participants**

Dear Participant,

Please **tick** the statements below to ensure you understand the nature of the research

and the importance of your participation.

|  |  |
| --- | --- |
| Participant can withdraw from research at any time during the research process. |  |
| Participant can ask for a copy of the research if requested.  |  |
| Participant has understood what the research will entail. |  |
| Participant has been informed what will happen if they withdraw. |  |
| Participant has understood the data will be collected via questionnaires and then interview which will be recorded on dictaphone.  |  |
| Participant has understood that they can request a copy of their recorded interview. |  |
| Participant is aware that the research has been approved by the University.  |  |
| Participant has been given the researcher’s university email address should they feel the need to contact the researcher at any time. |  |
|  |  |
| Participant has been assured that the information provided will remain between themselves and the researcher. |  |
| All data received will be saved on the computer and USB stick to avoid data going missing. |  |
| Once the research has been completed, all data provided will be shredded. |  |

Participant’s Signature: ..................................................................

Date: .............................