

CONSENT FORM

Project Title: Seeing with Sound

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Please tick each box

1. 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	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time during my participation in this study without giving any reason or up to 2 weeks after. I understand that as part the workshop I will take part in, my anonymised data will be used in ongoing research publications, and we cannot guarantee it is possible to destroy it after the workshop	<input type="checkbox"/>
3. As part of my participation in the workshop I understand that any information disclosed within said workshop remains confidential to the group, and I will not discuss this information with or in front of anyone who was not involved unless I have the relevant person's express permission	<input type="checkbox"/>
4. 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 all reasonable steps will be taken to protect the anonymity of the participants involved in this project.	<input type="checkbox"/>
5. I understand that my name will not appear in any reports, articles or presentation without my consent.	<input type="checkbox"/>
6. I understand that the workshop will be audio and video recorded and transcribed, and that this data will be protected on encrypted devices and kept secure while transcribing then deleted.	<input type="checkbox"/>
7. I understand that my data will be kept according to University guidelines for a minimum of 10 years after the end of the study.	<input type="checkbox"/>
8. I agree to take part in the above study.	<input type="checkbox"/>

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 _____ (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 Lancaster University