

RESEARCH PARTICIPANT CONSENT FORM

Please complete and sign this form and return to: s4007520@glos.ac.uk

Study Title : How public sector contracting for services affects local deaf charities in England

Name of Research Student: Jenny Hopkins **University Dept:** School of Education and Humanities

If you agree, please initial box

1.	I confirm that I have read the Participant Information Document dated 17/03/2021 (version 2) for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2.	I confirm this Information has been made available to me in my preferred language (BSL or English).	<input type="checkbox"/>
3.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I also understand that any data that has been collected and de-identified up to my withdrawal will be used in the study.	<input type="checkbox"/>
4.	I confirm that the procedures on confidentiality have been clearly explained to me (e.g. use of nicknames, and de-identification of data).	<input type="checkbox"/>
5.	I agree to audio/video recording and the use of anonymised quotes in research reports and publications.	<input type="checkbox"/>
6.	I understand that any information which might potentially identify me and/or my organisation will not be used in published material.	<input type="checkbox"/>
7.	I understand that the information gathered and analysed from this study will be used in research, publication, sharing and archiving, and this has been explained to me.	<input type="checkbox"/>
8.	I understand that other researchers will have access to this data only after identifying features have been removed.	<input type="checkbox"/>
9.	I understand that the study has received ethical approval from the University of Gloucestershire's Research Ethics Committee. Also, that if I have any concerns during the course of the study, that I can raise these with the Chair, Dr Emily Ryall at eryall@glos.ac.uk	<input type="checkbox"/>
10.	I agree to participate in the study as outlined to me.	<input type="checkbox"/>

Name of Participant

Date

Signature

Name of Person taking Consent

Date

Signature

**1 copy for participant; 1 copy for researcher site file*