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**CONSENT FORM**

Title of Project: Graduation Gathering

Name and Contact Details of Researcher(s): Adam Murray up2166905@myport.ac.uk

Name and Contact Details of Supervisor (if relevant): Dr Gail Ollis gail.ollis@port.ac.uk

Please initial box

University Data Protection Officer: Samantha Hill, 023 9284 3642 or [information-matters@port.ac.uk](mailto:information-matters@port.ac.uk)

Ethics Committee Reference Number: TETHIC-2023-106661

1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

LS

I agree to take part in the above study.

LS

**Name of Participant: Lisa Scott Date: 24/4/2024 Signature: LJ Scott**

**Name of Researcher: Adam Murray Date: 22/04/2024 Signature:** A close up of a signature

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