

**Version Number…**

Participant Identification Number:

**CONSENT FORM**

**Title of Project: Your Java Friend Evaluation**

**Name of Researcher: Farhaan Beeharry**

**Please initial box**

1

1. I confirm that I have read and understand the information sheet dated 15/03/2021 for the above study and have had the opportunity to ask questions.

2

1. I understand that my participation is voluntary and that I am free to

withdraw at any time, without giving any reason and without penalty.

3

1. I agree that this form that bears my name and signature may be seen

by a designated auditor.

1. I agree that m y non-identifiable research data may be stored in National

4

Archives and be used anonymously by others for future research. I am

assured that the confidentiality of my data will be upheld through the removal

of any personal identifiers.

5

1. I agree to take part in the above study.

**Your signature here…**

**The date here…**

**Your name here…**

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Name of participant Date Signature

**F.Beeharry**

**15/03/2021**

**Farhaan Beeharry**

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Researcher Date Signature