PARTICIPANT CONSENT FORM

*Title of Study:* Testing a carbon footprint calculator.

**Lead researcher:** Habiba Begum (21312966@stu.mmu.ac.uk)

**Participant Identification Number for this project:** **\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
|  | Please initial |
| 1. I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project. |  |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. |  |
| 3. I am happy for my responses to be analysed. |  |
| 4. I understand that my responses will be anonymous. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. |  |
| 5. I understand that my taking part is voluntary and that I can withdraw from the study at any time/before 24/07/2024; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |
| 6. I agree to take part in the above research project. I understand that taking part in the project will involve completing X tasks and a questionnaire. |  |
| **How my information will be used during and after the project** | |
| I understand my personal details such as name, age, and email address etc. will not be revealed to people outside the project. |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this. |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |
| I give permission for the responses in the tasks, and the questionnaire conducted during the experiment to be deposited in One Drive so it can be used for future research and learning. |  |
| **So that the information you provide can be used legally by the researchers** | |
| I agree to assign the copyright I hold in any materials generated as part of this project to Manchester Metropolitan University |  |
| **Personal Details**  Please give an email address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate your age  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you Male / Female / other / prefer not to say |  |
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Name of Participant Date Signature

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Lead Researcher Date Signature

To be signed and dated in presence of the participant.