

Committee on Research Ethics

PARTICIPANT CONSENT FORM

Title of Research Project:

Student:

1st Supervisor

**Please
initial
box**

1. I confirm that I have read and have understood the information sheet on the above student project computer system 3rd party evaluation. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline. ☐
3. I understand and agree that once I submit my 3rd party evaluation questionnaire it will become anonymised and I will therefore no longer be able to withdraw my data. ☐
4. I understand that my responses will be kept strictly confidential. I give permission for members of the project team to have access to my anonymised responses. I understand that my name will not be linked with the project materials, and I will not be identified or identifiable in the report or reports that result from the project. ☐
5. "Intellectual Property" shall mean any idea, invention, method, discovery, secret process, design, trade or service mark, copyright work (including computer software and all data and other information relating thereto), database rights, trade secret, confidential information, or any similar process, right or information. ☐
I agree that the Intellectual Property that arises from the student project should vest in the University of Liverpool.
6. I agree to take part as a computer system 3rd party evaluator in the above student project. ☐

_____ Participant Name	_____ Date	_____ Signature
_____ Name of Student taking consent	_____ Date	_____ Signature
_____ Project 1 st Supervisor	_____ Date	_____ Signature

Principal Investigator:

Name
Work Address
Work Telephone
Work Email

Student Researcher:

Name
Work Address
Work Telephone
Work Email