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CONSENT FORM

# INFORMED CONSENT FOR the research study for the design of a web application that would act as a hub of services for the transgender community in Liverpool

Lucy Alexandria Morris, student reading BSc (Hons) Computing and IT, Faculty of Science, Technology, Engineering and Mathematics.

Please highlight your choice by clicking inside the appropriate box.

## 1. Taking part in the study

|  |  |  |
| --- | --- | --- |
| I have read and understood the information sheet for the following study: ‘Research study for the design of a web application that would act as a hub of services for the transgender community in Liverpool’ or it has been read to me. I have been able to ask questions about my participation and my questions have been answered to my satisfaction. | YES | NO |
| I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions I am not comfortable with and I can withdraw from the study at any time by contacting Lucy Morris at zx181423@ou.ac.uk up until 20th April 2023 when the data will be aggregated for analysis, without having to give a reason. | YES | NO |
| I understand that taking part in the study involves answering a survey questionnaire consisting of multiple choice and open ended questions. | YES | NO |

## 2. Use of the information in the study

|  |  |  |
| --- | --- | --- |
| I understand that information I provide will be used for analysis and discussion forming part of a dissertation report (including interim reports), informing the design of a web application. | YES | NO |
| I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the study team. | YES | NO |
| I understand that my data will be stored on Microsoft One Drive until 11th September 2023, when it will be destroyed. | YES | NO |
| I agree to being quoted anonymously.  [Service providers only] I agree to my position & service being referred to, such that anonymity may not be possible [leave blank if not applicable] | YES    YES | NO    NO |

## 3. Future use and reuse of the information by others

|  |  |  |
| --- | --- | --- |
| [Potential app users only] I give permission for the questionnaire that I provide to be deposited in a specialist data centre after it has been anonymised, so it can be used for future research and learning. [Leave blank if not applicable]  [Service providers only] Please note that since it may not be possible for service providers to remain anonymous, your questionnaire will not be deposited in a data centre. | YES | NO |

## 4. Signatures

|  |  |  |
| --- | --- | --- |
| Name of participant  [in CAPITALS]  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Signature  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(electronic signatures may be accepted** | Date  **\_\_\_\_\_\_\_\_\_\_\_** |

**For participants unable to sign their name, please mark the box instead of signing**

This research project conforms to and complies with the OU Human Research Ethics Committee’s conditions for exemption from formal review.