



Consent Form

Title of Research Study: Privacy Reminder

Principal Investigator: Saloni Sandish Salian, Dr Julia Ive

Queen Mary Ethics of Research Committee Ref:

Thank you for your interest in this research.

Should you wish to participate in the study, please consider the following statements. Before signing the consent form, you should initial all or any of the statements that you agree with. Your signature confirms that you are willing to participate in this research, however you are reminded that you are free to withdraw your participation at any time.

Statement	Please initial box
1. I confirm that I have read the Participant Information Sheet dated 06/12/2023 version 1 for the above study; or it has been read to me. 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 stop taking part in the study at any time without giving any reason and without my rights being affected.	
3. I understand that my data will be accessed by Saloni Sandish Salian and Dr. Julia Ive.	
4. I understand that my data will be securely stored in the QMUL storage account of Saloni Sandish Salian and in accordance with the data protection guidelines of the Queen Mary University of London until 30/06/2024 in fully anonymised form.	
5. I understand that I can access the information I have provided and request destruction of that information at any time prior to 01/02/2024. I understand that following 01/02/2024 I will not be able to request withdrawal of the information I	

have provided.	
6. I understand that the researcher will not identify me in any publications and other study outputs using personal information obtained from this study.	
7. I agree to take part in the above study.	

Participants should read [Queen Mary's privacy notice](#) for research participants which contains important information about your personal data and your rights in this respect. If you have any questions relating to data protection, please contact Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or data-protection@qmul.ac.uk or 020 7882 7596.

_____	_____	_____
Participant name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

I Saloni Sandish Salian confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant and provided a copy of this form.

Principal Investigator (or Supervisor for student projects)

Dr Julia Ive
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Student Investigator (if applicable)

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