

CONSENT FORM

The participant should complete the whole of this sheet

Please tick the appropriate box

	YES	NO
Have you read the Research Participant Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received satisfactory answers to all your questions?	<input type="checkbox"/>	<input type="checkbox"/>
In case you have spoken to someone, who have you spoken to? _____		
Do you understand that you will not be referred to by name in any report concerning the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to withdraw from the study:		
• at any time before 26/03/2021?	<input type="checkbox"/>	<input type="checkbox"/>
• without having to give a reason for withdrawing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you cannot withdraw from anonymous questionnaires?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to my interview being recorded if there is any using online tools like skype.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the use of my answers in the anonymous questionnaires for the writing of the evaluation of the project.	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to take part in this study?	<input type="checkbox"/>	<input type="checkbox"/>
If you post about a lost item, do you agree to allow this research to store your data including the details of the lost item, your name and your email address?	<input type="checkbox"/>	<input type="checkbox"/>
If you try to retrieve a lost item, do you agree this research to store your data including your name, email address and phone number?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Research Participant:

Date:

Name in capitals:

<u>Witness statement</u>
I am satisfied that the above-named has given informed consent.
Witnessed by:
Date:
Name in capitals:

Researcher name:	Signature:
Supervisor name:	Signature: