

## Consent Form

**Project title:** Exploring the experiences of estranged students in higher education: a longitudinal study

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This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the information sheet dated 08/09/2020 and the privacy notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	
I agree to take part in the above project.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.	

Participant's Signature_____ Date_____
(NAME IN BLOCK LETTERS)_____
Researcher's Signature_____ Date_____
(NAME IN BLOCK LETTERS)_____