

Consent Form

Study Title: Understanding and documenting loneliness in stroke and brain injury

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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 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 consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of data protection legislation	
I consent to being audio recorded, and understand how recordings will be used in research outputs	
I understand that my words may be quoted in publications, reports, and other research outputs, but that this will be anonymous (i.e., that my name will not be tied to the quote).	
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	
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Participant's Signature_____

Date_____

Name in Block Letters_____

Researcher's Signature_____

Date_____

Name in Block Letters_____