

**Meowsha’s Goodies**

**Consent Form**

**Name of Researcher:\_Maisha Zaman\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial boxes**

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| --- | --- | --- |
|  | I confirm that I have read and understand the Participant Information Sheet (Version PIS-OUT 1.0 and 14/02/2022) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
|  | I understand that my participation is voluntary and that I am free to withdraw at any time up to 2 weeks from the date of my interview session, without giving any reason and without my legal rights being affected. |  |
|  | I agree to my personal data and data relating to me collected during the study being processed as described in the Participant Information Sheet. |  |
|  | I agree to my interview being audio/video recorded and to anonymised direct quotes from me being used in publications resulting from the study. |  |
|  | I agree to take part in this study. |  |

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Name of participant Date Signature

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Name of Person receiving Date Signature

consent.