I can withdraw at any time or refuse to answer any question without any consequences of any kind.

I understand that the outcome of the evaluation will be recorded and that all information I provide for this study will be treated confidentially.

I understand that in any report on the results of this research my identity will remain anonymous.

(This will be done by separating the collected and personal data.)

This form will be stored separately to the outcomes of the evaluation and notes gathered through the evaluation.

I understand that the outcomes of the evaluation as well as this signed consent form will be kept until the end of the 2019/20 educational year, after which they will be destroyed.

I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

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Signature of participant Date