

TABLE RESERVATION SYSTEM FOR A RESTAURANT

Project Title: _____

Principal Investigator: _____

Student ID No. (if applicable): _____

*please tick or initial
where applicable*

I have carefully read and understood the Participant Information Sheet. ☐

I have had an opportunity to ask questions and discuss this study and I have received satisfactory answers. ☐

I understand I am free to withdraw from the study at any time, without having to give a reason for withdrawing, and without prejudice. ☐

I agree to take part in this study. ☐

I also consent to the retention of this data under the condition that any subsequent use also be restricted to research projects that have gained ethical approval from Northumbria University.

I agree to the University of Northumbria at Newcastle recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in the information sheet supplied to me, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act 2018 which incorporates General Data Protection Regulations (GDPR).You can find out more about how we use your information here - [Privacy Notices](#) ☐

Name/signature of participant..... Date.....

Signature of Parent / Guardian in the case of a minor.....

