

Lifelong Learning Supported by ePortfolio Processes

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:											Date:															
Full Name - printed	-	_	-	_	_	-	_	_	-	_	-	-	-	-	-	-				-	-	_	_	-	-	-
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Please leave your email below if you would like to receive a summary of the findings of this study.