

Lifelong Learning Supported by ePortfolio Processes

PARTICIPANT CONSENT FORM

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

Full Name - printed		
Signature:	Date:	
I agree to participate in this study under the conditions set out in the Information Sheet.		
I agree to the interview being sound recorded.		
questions at any time.		
questions have been answered to my satisfaction, and I understand that I may ask further		
I have read the Information Sheet and have had the details of the study explained to me. My		