**Interview Consent Form**

Research project title:

Research investigator:

Research Participants name:

Thank you for agreeing to be interviewed as part of the above research project.

By reading and signing this form you certify that you approve the following:

* the interview will be recorded (by recording device or hand written notes) and a transcript will be produced;
* the transcript of the interview will be analysed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your name) as research investigator;
* the responses will be kept strictly confidential. Access to the interview transcript will be limited to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(your name) and academic; colleagues and researchers with whom he might collaborate as part of the research process;
* any summary interview content, or direct quotations from the interview, that are made available through academic publication or other means (policy papers, news articles, our website and other media, other feedback events etc.) will be anonymized so that you cannot be identified;
* the actual recording will be kept.

By signing this form I certify that I have read and understood the information provided above, and I agree that:

1. I am voluntarily taking part in this project and I can stop the interview at any time;

2. The transcribed interview or extracts from it may be used as described above;

3. I do not expect to receive any benefit or payment for my participation;

4. I can request a copy of the transcript of my interview and may make edits I feel necessary;

5. I have been able to ask any questions I might have, and I understand that I am free to contact the researcher with any questions I may have in the future.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name (Participant)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participants Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researchers Signature Date**