*This document is also available in Welsh*

# Consent Form

Consent forms should be provided to participants after they have read and had time to consider the information provided on the participant information sheet. The below statements are what the University recommends be included as part of the informed consent process. Appendix 1 includes further optional statements which apply only to specific studies. Please read these carefully and add any that are appropriate to your research project. Delete sections as appropriate before submitting your application.

Version number & date:

Title of the research project:

Name of researcher(s) and contact details:

Please tick or initial the box(es) to confirm each statement

|  |  |
| --- | --- |
| I confirm that I have read and understood the Information Sheet dated [*insert date*] for the above study, or it has been read to me. If I have asked for clarification or for more information, I have had satisfactory responses. | 🞏 |
| I understand that taking part in the study involves *[briefly describe how information is captured – e.g.: an audio recorded interview / a video recorded focus group].* | 🞏 |
| I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions. | 🞏 |
| I understand that I can ask for access to the information I provide and I can request the destruction of that information if I wish at any time prior to *[specified point: e.g. anonymization / publication / a time frame e.g. - 1 month].* I understand that following *[specified point]* I will no longer be able to request access to or withdrawal of the information I provide. | 🞏 |
| I understand that the information I provide will be held securely and in line with data protection requirements reflected on the Wrexham University Privacy Notice until it is *[fully anonymised]* and then deposited in the *[Archive]* for sharing and use by other authorised researchers to support other research in the future. | 🞏 |
| I agree to take part in the above study | 🞏 |

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Participant name Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature

# Appendix 1- Optional sections to include as appropriate

|  |  |
| --- | --- |
| **Transferring data outside the EU**  I agree for my personal data to be transferred outside of the EU and I have been informed of the safeguards in place to protect my personal data when it is transferred. | 🞏 |
| **Audio/ Visual Data**  I understand and agree that my participation will be *[audio recorded / video recorded].* I am aware of and consent to your use of these recordings for the following purposes*: [specified purposes].* | 🞏 |
| **Exclusion Criteria**  I understand I should not take part if *[list exclusion criteria]* | 🞏 |
| **Use of quotes**  I understand that the information I provide can be quoted in research outputs such *as [list potential outputs].* I understand that I *[will not be/ will be]* identified/ named through these quotes. | 🞏 |
| **Future Contact**  I agree to being contacted at a later date and invited to take part in future studies. I understand that I am only agreeing to receive information and I am under no obligation to take part in any future studies. I understand that my contact details will be held securely. | 🞏 |
| **Potential Risk**  I understand taking part in this research has [description of risk] as a potential risk. | 🞏 |
| **Disclosure of criminal activity**  I understand that the confidentiality of the information I provide will be safeguarded and won’t be released without my consent unless required by law. I understand that if I disclose information which raises considerations over the safety of myself or the public, the researcher may be legally required to disclose my confidential information to the relevant authorities. | 🞏 |