### UCL open logoUCL ANTHROPOLOGY

### **14 Taviton Street**

London WC1H 0BW

***FOR ANTHROPOLOGY STUDENTS: if you are using relatively formal data collection methods (interviews, group interviews, focus groups) then you should use a version of this form – amended to be appropriate to your study and with ALL the irrelevant bits – including this statement – removed. You DO NOT have to retain something if it is not relevant for your study.***

***You must retain the consent to participate in the study AND (if you are collecting / recording any personal data) permission to store those data (GDPR).***

***\*\*This is a template form and must be tailored to meet the needs of your study. Check and amend everything in blue***

**CONSENT FORM FOR *[INSERT TARGET GROUP* IN RESEARCH STUDIES**

**Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.**

**Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: Anthropology**

**Name and Contact Details of the Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact Details of Student’s supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact Details of the UCL Data Protection Officer: Alex Potts** **a.potts@ucl.ac.uk**

**This study has been approved by the Anthropology Ethics Committee: Project ID number: \_\_\_\_\_\_\_**

Thank you for considering taking part in this research. The student organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the student before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time. The student will retain a copy of the form

**I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study.**

|  |  |  |
| --- | --- | --- |
|  |  | Tick Box |
|  | \*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction*[and would like to take part in (please tick one or more of the following)* * *a group discussion*
* *an individual interview*
* *a joint interview]*
* *[other research activity]*

  |   |
|  | \*I understand that I will be able to withdraw my data up to *[insert date if stated on the Information Sheet]* OR *[insert text clearly defining time limit e.g. 4 weeks after interview]* |  |
|  | \*I consent to participate in the study. I understand that my personal information *(provide information on what personal information specifically will be collected)* will be usedfor the purposes explained to me. I understand that according to data protection legislation, ‘public task’ will be the lawful basis for processing. |  |
|  | **Use of the information for this project only**\*I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified *(unless you state otherwise, because of the research design).* I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any dissertation or publications.ORAnonymity is optional for this research. Please select from the following 3 options:1. I agree for my real name and role/affiliation to be used in connection with any words I have said or information I have passed on.
2. I request that my comments are presented anonymously but give permission to connect my role/affiliation with my comments (but not the title of my position).
3. I request that my comments are presented anonymously with no mention of my role/affiliation.
 |  |
|  | \*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason |  |
|  | I understand that the information I have submitted will be integrated into a student dissertation and I wish to receive a copy of it. Yes/No |  |
|  | I consent to my interview being audio/video recorded and understand that the recordings will be:EITHER* destroyed within *[insert text defining the time e.g. x weeks/months after the data has been collected or following transcription.]* or destroyed immediately following transcription.

OR* stored anonymously using password protected software and will be used for specific future research purposes
 |  |
|  | I am aware of who I should contact if I wish to lodge a complaint.  |  |
|  | I voluntarily agree to take part in this study.  |  |

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Name of participant Date Signature

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Student Researcher Date Signature