**[Title of Project]**

**Participant Consent Form**

If you are happy to participate in this study please complete this consent form by ticking each item, as appropriate, and return to the research team via the contact details below:

1. I confirm that I have read and understood this information sheet, and have had the opportunity to consider the information, ask questions, and have had these questions adequately answered.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I know that I can refuse to answer any or all of the questions and that I can withdraw from the interview at any point.
4. I agree for the interview to be recorded, and that recordings will be kept secure and destroyed at the end of the project. I know that all data will be kept under the terms of the General Data Protection Regulation (GDPR).
5. I agree that small direct quotes may be used in reports (these will be anonymised).
6. In understand that in exceptional circumstances anonymity and confidentiality would have to be broken, for example, if it was felt that practice was putting children at risk, or there were concerns regarding professional misconduct. In these circumstances advice would be sought from a senior manager from another local authority who will advise us as to the appropriate course of action and as to whether we need to inform the authority of what you have told us.

Name:……………………………………………………………………………………………………………………...…..………………….

Signature: ………………………………………………………………..….……………. Date: …………..……………………….…..

Name of researcher:…………...…………………...………………………………………………………………………….………...

Signature: ………………………………………………………………....………………. Date: ………………………..……………..