Consent Form

I have read and understood the letter regarding Sue Mort’s final year dissertation research project.

I understand that the anonymity of all participants, including myself, will be ensured and that all information will be treated confidentially.

I agree that the researcher, Sue Mort, can record the interviews including, my responses, and that these will become part of the research project.

I have had the opportunity to ask questions regarding this project.

I understand that I can withdraw from this study at any time.

I agree to participate in this study.

Interviewee

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_