**Research Participant Consent Form**

Title of Research Project: **Is there a requirement for young people services in Alfreton?**

Name of Researcher: Tina Crookes

1. I confirm that I have read and understood the information sheet dated 28/04/23 v1 for the study above. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I agree to my data being anonymised and stored. I agree to it being shared in a relevant archive in this form.
3. I understand that my participation is voluntary. I also understand I am free to withdraw at any time- without giving any reason and without there being any negative consequences. I can decline to answer any particular question, or questions.
4. I agree that non identifiable quotes may be published in articles, used in conference presentations, or used for standard academic purposes such as assessment.
5. I agree to the interview being digitally audio recorded
6. I agree to the interview being digitally video recorded
7. I understand that the data collected during the study may be inspected by a supervisor from De Montfort University. I give permission for the supervisor to have access to my data.
8. I also acknowledge that if I am being interviewed this date may be transcribed by a third party, authorised by the university to undertake such duty.
9. I agree to take part in the above research project.

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Print name of participant Date Signature

Please tick and initial all boxes if you agree

…………………………. ………………….. ………………………………..

Print name of person taking consent Date Signature

A copy of the signed and dated consent form should be placed with the project file which must be kept in a secure location.