

## CONSENT FORM

**Project Title: The 3-D University**

Name of Researcher: Dr Richard Budd

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**Please tick each box**

<p>1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily</p>	<input type="checkbox"/>
<p>2. I understand that my participation is voluntary and that I am free to withdraw at any time during my participation in this study and within 6 weeks after I took part in the study, without giving any reason. If I withdraw within 6 weeks of taking part in the study my data will be removed, where this is possible.</p> <p>I understand that as part the focus group I will take part in, my data is part of the ongoing conversation and the wider conversation cannot be destroyed. I understand that the researcher will try to disregard my views when analysing the focus group data, but I am aware that this will not always be possible.</p>	<input type="checkbox"/>
<p>3. I understand that any information disclosed within the focus group remains confidential to the group, and I will not discuss the focus group with or in front of anyone who was not involved unless I have the relevant person's express permission</p>	<input type="checkbox"/>
<p>4. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and I will not be identifiable.</p>	<input type="checkbox"/>
<p>5. I understand that my name/my university's name will not appear in any reports.</p>	<input type="checkbox"/>
<p>6. I understand that the focus groups will be audio-recorded and transcribed and that data will be protected on encrypted devices and kept secure.</p>	<input type="checkbox"/>
<p>7. I understand that data will be kept according to University guidelines for a minimum of 10 years after the end of the study.</p>	<input type="checkbox"/>
<p>8. I agree to take part in the above study.</p>	<input type="checkbox"/>

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Signature of Researcher /person taking the consent\_\_\_\_\_**

**Date \_\_\_\_\_ Day/month/year**

**One copy of this form will be given to the participant and the original kept in the files of the researcher at  
Lancaster University**