# Title: Full title of research study

## CHESREC Ethics Review Reference Number: [insert]

## Name of researcher: [insert]

|  |  |  |
| --- | --- | --- |
|  |  | *Please check* |
| 1 | I confirm that I have read and understand the information sheet version for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2 | I understand that my participation is voluntary and that I am free to withdraw without any adverse consequences or penalty by insert a reasonable length of time (eg two weeks/end of term) that a participant might withdraw before data is analysed or published. |  |
| 3 | I understand that this project has been reviewed by the Cambridge Higher Education Studies Research Ethics Committee (CHESREC) and I may contact them if I have any concerns about this research project. |  |
| 4 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. |  |
| 5 | I understand how this research will be written up and published. |  |
| 6 | I understand how to raise a concern or make a complaint. |  |
| 7 | [If applicable] I consent to being audio recorded |  |
| 8 | [If applicable] I consent to being video recorded |  |
| 9 | [If applicable] I consent to having my photo taken |  |
| 10 | [If applicable] I understand how audio recordings / videos / photos will be used in research outputs [please delete as appropriate] |  |
| 12 | [if applicable] I give permission to be quoted directly in research outputs against a pseudonym / anonymously |  |
| 13 | I agree to take part in the study |  |

\_\_\_\_\_\_

Your name Date Signature

\_\_\_\_\_\_\_

Name of person taking consent Date Signature