

Interview Number:

Name of Researcher: Holly Barnes-Bennetts

Title of Project: **The Consent is Positive Project**

AKA

**A Digital, Interactionist, Praxis Study of Perception and Communication of
Positive Sexual Consent**

INFORMED CONSENT FORM (NON-NHS RESEARCH)

Participant A

I, the undersigned, confirm that (**please initial boxes as appropriate**):

1.	I have read or watched and understood the information about the project, as provided in the Information Sheet or it has been read to me.	
2.	I have been able to ask questions about the project and my participation and my questions have been answered to my satisfaction.	
3.	I understand that taking part in this study involves a discussion between myself and others of my choosing with that discussion recorded via Microsoft Teams video (or audio only where specified), which will be transcribed as text and the recording will be destroyed.	
4.	I confirm that I have agreed to participate in the discussion with the other/s involved and that we have discussed boundaries of what is and is not acceptable to talk about in the discussion	
5.	I understand I can withdraw at any time until the cut off date (specified as 14 days after completion of transcription and anonymisation) without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	
6.	I understand that the information I provide will be used for the completion of a PhD research project with the University of Worcester and other publications	
7.	I agree that my information can be quoted anonymously in research outputs and other publications informed by the research	
8.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.	
9.	I understand that personal information collected about me that can identify me, such as my name, or where I live, will not be shared beyond the study team.	
10.	I consent to the audio/video (delete as relevant) recording.	
11.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	
12.	I voluntarily agree to participate in the project.	
13.	I know who to contact if I have any concerns about this research	

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Name of Participant

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Signature

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Date

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Name of Researcher

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Signature

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Date

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Participant B

I, the undersigned, confirm that (**please initial boxes as appropriate**):

1.	I have read or watched and understood the information about the project, as provided in the Information Sheet or it has been read to me.	
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12.	I voluntarily agree to participate in the project.	
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Name of Participant

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Signature

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Date

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Name of Researcher

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Signature

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Date

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Name of Researcher: Holly Barnes-Bennetts

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Participant C

I, the undersigned, confirm that (**please initial boxes as appropriate**):

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12.	I voluntarily agree to participate in the project.	
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Name of Participant

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Signature

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Date

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Name of Researcher

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Signature

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Participant D

I, the undersigned, confirm that (**please initial boxes as appropriate**):

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Name of Participant

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Signature

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Date

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Name of Researcher

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Signature

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Date

 THE CONSENT IS
POSITIVE PROJECT

 University
of Worcester