

Consent form

Please read the participant information sheet explaining what this study will involve before signing this consent form. If you have any questions, please let us know. Remember you can change your mind about taking part at any time and you don't have to explain or provide a reason.

To complete this form electronically, please follow [this link](#).

This form is available in an easy-read version. A translation of this document is also available, please let us know if you need them.

*Este documento está disponible en español. Por favor, díganos si lo necesita.
Este documento está disponível em português. Por favor, diga-nos se você precisa.*

Version	Date	Author	File name
v0.5	31/05/2023	Jessica Wild	Consent Form_v1.0

	Add your initials next to the statement if you agree
I confirm that I have read and understood the information sheet explaining the research project and I have had the opportunity to ask questions about the project.	
After reading the information sheet, I consent to take part in this research study.	
I understand that I do not have to answer any questions if I do not want to and that I can refuse to answer without giving a reason.	
I understand that taking part is voluntary and that I am free to withdraw without giving any reason and there will be no negative consequences.	
I understand that I may withdraw my data (any information provided) up until 30 days after the interview/focus group; after this date, it will not be possible to withdraw from the study. If I withdraw, all data already collected will not be used in the study and will be destroyed.	
I give permission for members of the research team and transcribers to access my anonymised responses. I understand that my responses will be kept strictly confidential	
I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in any report(s) that result from the research.	
I agree for the data produced with me to be stored and used in relevant future publications or research, in an anonymised format.	
I understand that other researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	
I agree to my data being used for secondary analysis in accordance with the above-mentioned terms and conditions, as part of other studies carried out in the future. These studies could be unrelated to this study and may involve other researchers.	
If I provide any personal identity information, this will be treated confidentially and in accordance with the University of Westminster's Code of Practice Governing the Ethical Conduct of Research . It will be securely stored and managed in accordance with the Data Protection Regulation 2018 and the General Data Protection Act 2018.	
I understand if I share information that indicates that someone is at extreme risk, I am a risk to myself, or I am at extreme risk with no support, the researcher will need to speak to the relevant safeguarding authority.	
I understand I may be asked about my consent again, and that I can change my mind at any point.	

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For focus group participants ONLY:

I understand that my first name, role, and type of workplace (e.g University, charity/activist organisation, or service provider) may be shared with the other people taking part in the focus groups I am part of.	
I understand I do not need to give my real name or the name of my place of work.	
I understand that I will be sharing information in a group setting with people I may or may not know.	
I understand that any information shared in the group setting should remain confidential and within the group.	
I understand I don't have to say anything I don't wish to during the focus group.	

Participant's Signature*:	Researcher's Signature:
Date:	Date:

Thank you for taking the time to complete this form

*Once this has been signed by everyone the participant should receive a copy of the signed and dated participant consent form, information sheet and any other written information provided to the participants.

A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

Equalities monitoring information

(All questions in this section are **optional** and you do not have to complete any/all of them.)

Gender	Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____ Prefer not to say <input type="checkbox"/> Is your gender identity the same as assigned at birth? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Age	16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Ethnicity	Click or tap here to enter text.
Sexuality	Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Other _____ Prefer not to say <input type="checkbox"/>
Religion	Atheist <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other _____ Prefer not to say <input type="checkbox"/>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

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