**Polyvocal Workshop Series | Participant Consent Form**

[insert name, organisation, and contact details of project lead here]

Please initial each statement:

***Please initial boxes***

1. I have read and understood the participant information sheet; I have had

an opportunity to consider the information, ask questions by email, and

(if so) have had these answered satisfactorily.

1. I agree to take part in the workshop and understand it will involve

optional audio or visual recording.

1. I understand I can choose whether to be anonymous, identified by first

name, or identified by full name.

1. I agree that my contributions can be included in research outputs (e.g. exhibitions, publications, digital media).
2. I understand my contributions may be edited for clarity or formatting,

but effort will be made to preserve the original meaning.

1. I agree that my anonymised data may be used in future research

or teaching.

1. I understand that I can withdraw at any time.

|  |  |  |
| --- | --- | --- |
| Name of participant  Name of researcher | Date  Date | Signature  Signature |