



University of Brighton

Participant Consent Form (Teacher, Leader)

Title of Project: Kita Evaluation

Name of Researcher:

Please
initial or
tick box

I have read and understood the information sheet for the above study and have had the opportunity to consider the information and ask questions.

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The researcher has explained to my satisfaction the purpose, principles and procedures of the study and any possible risks involved.

☐

I am aware that I will be required to take part in an individual interview or focus group discussion.

☐

I understand that my participation is voluntary and that I am free to withdraw from the study within two weeks' of data collection without giving a reason and without incurring consequences from doing so.

☐

I understand how the data collected will be used, and that any confidential information will normally be seen only by the researchers and will not be revealed to anyone else.

☐

I agree to take part in the above study.

☐

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Name of Participant, Date, Signature

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Name of Researcher, Date, Signature