**CONSENT FORM FOR PROJECT PARTICIPANTS DOING INDIVIDUAL INTERVIEWS**

**Title of Project:**

**Names of Researchers:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I consent to being interviewed by the researcher. |  |  |
| I agree to allowing the interview to be audio-recorded. |  |  |
| I understand that my employer and other individuals will remain confidential, and that all data will be anonymized in any research outputs. |  |  |
| I understand that my own identity will remain confidential. All information that I disclose will only be used in anonymized form in any publications. |  |  |
| I would like to be referred to by my real first name in any research outputs. |  |  |
| I consent to the use of anonymized quotes from my interview in research publications and presentations. |  |  |
| I have read the Participant Information Sheet, had the opportunity to ask questions, and understand the principles, procedures, and possible risks involved in this research. |  |  |
| I consent to the processing of my personal data for the purposes of this research study, in accordance with the General Data Protection Regulation (GDPR) 2016. I understand that my data will be stored securely, kept strictly confidential, and only used for the purposes of this research. |  |  |
| I understand that I am free to withdraw from the interview at any time without penalty, and without the need to provide a reason. Moreover, I can choose to withdraw the consent to my data being used up to X weeks after the interview by contacting the researchers. In that case, my data will be deleted. |  |  |

Name: Date:

Signature: