

**Interview Consent Form**

**Title of Project**: Guiding principles and codes of practice: do Teachers of Deaf Children and Young People need them?

**Name of Researchers**: Rachel O’Neill and Dr Rob Wilks

Please **(initial)** all boxes

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| --- | --- | --- | --- |
| 1. I confirm that I have read and understand the information sheet dated 21 November 2023 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | | |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself. | | |  |
| 1. I agree to my participation being audio and videorecorded and it’s been explained how this data will be stored, destroyed, anonymised. Who will have access to it, and how long it will be kept. | | |  |
| 1. I give permission for my data to be stored and processed in accordance with the GDPR (2018) | | |  |
| 1. I understand I will have the opportunity to check the anonymised interview transcript. | | |  |
| 1. I agree to my anonymised data being used in study specific reports and subsequent articles that will appear in academic journals as part of this study. | | |  |
| 1. I agree to take part in the above study. | | |  |
|  | | | |
| Name of participant | Date | Signature | |
|  |  |  | |
| Name of researcher taking consent | Date | Signature | |
|  |  |  | |

You can print out, sign and return by email. Or add an electronic signature. Or type your name as signature and return to us from your personal email. Please return to [rachel.oneill@ed.ac.uk](mailto:rachel.oneill@ed.ac.uk).