**CONSENT FORM**

**Exploring the experience of young people with Education Health and Care Plans (EHCPs) in their transition from school to university using thematic analysis.**

Participant Identification Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please tick your chosen answer | YES | NO |
| 1 | I confirm that I have read the participant information sheet version ........ , date ........................... for the above study. | ☐ | ☐ |
| 2 | I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | ☐ | ☐ |
| 3 | I understand that my participation is voluntary and that I am free to withdraw and request that my data be deleted up to one week after the interview. | ☐ | ☐ |
| 4 | I agree to participate in the project to the extent of the activities described to me in the above participant information sheet. | ☐ | ☐ |
| 5 | I agree to my participation being audio recorded for analysis. | ☐ | ☐ |
| 6 | I agree to my participation being video recorded for analysis. | ☐ | ☐ |
| 7 | I agree for any artefacts I create during participation to remain in the possession of the researcher. Identifiable artefacts will not be used in research outputs. | ☐ | ☐ |
| 8 | I understand and agree that my words may be quoted anonymously in research outputs. | ☐ | ☐ |

Name of participant Date Signature

Name of person Date Signature

taking consent