**Consent Form: Tired of Spinning Plates**

| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| --- | --- | --- |
| **Taking Part in the Project** |  |  |
| I have read and understood the project information sheet dated DD/MM/YYYY or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) |  |  |
| I have been given the opportunity to ask questions about the project. |  |  |
| I agree to take part in the project. |  |  |
| I understand that taking part in the project will include taking part in meetings of the Spinning Plates group of carers of adults with learning disabilities, people with learning disabilities and researchers. I will be asked to contribute to the research design, delivery and findings. I will be asked to draw on my experience and expertise as a carer of a person with learning disabilities. |  |  |
| I agree that while I am taking part in the discussions an audio recording and notes will be made in a diary. I agree to being audio recorded and for the notes of the recordings to be used in the research with the diary notes. |  |  |
| I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield. |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |  |
| **How my information will be used during and after the project** |  |  |
| I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project. |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this. |  |  |
| I understand that my contributions to the discussion are confidential. However, I am aware that if I reveal something that leads a member of the research team to believe that I or someone else is at risk of harm, they will have to pass this on to the University safeguarding lead. I will be informed if this happens. |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I give permission for the research team to keep my name and email for two years after the project so that we can contact you about future research. |  |  |
| I give permission for the data that I provide to be deposited in The University of Sheffield’s data repository (ORDA) so it can be used for future research and learning. |  |  |
| **So that the information you provide can be used legally by the researchers** |  |  |
| I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield. |  |  |

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| Name of participant [printed] | Signature | Date |
|  |  |  |
| Name of Researcher [printed] | Signature | Date |
|  |  |  |

**Project contact details for further information:**

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**If you have a complaint about this study, please contact:**

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