**Informed Consent Form**

Project name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 I understand what this project is about

I have had a chance to ask questions about the project, and I am comfortable with the answers that I have been given. I know that I can ask more questions whenever I like.

2 I agree to my participation in this study

I know that I do not have to participate in it if I don’t want to. I made up my own mind to participate and nobody is making me do it. I know that I don’t have to answer any questions I don’t like.

3 I understand that I can withdraw from the project at any time. If I pull out, none of the information I have given the researchers can be used in the research.

5 I agree to photographs being taken of me for this project Y / N

6 I agree to video being taken of me for this project Y / N

6 I understand that I will/will not be paid for my participation Y / N

I have read the Participant Information Sheet and Informed Consent Form [or someone has explained the research to me in a language I understand] and I agree with it.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /