**Name of Researcher**: Joseph Williams

**Name of Supervisor:** Petra Salisbury

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| --- | --- |
| I have read the information sheet. | 🞏 |
| I understand that this research might be published but it will not show my name, location, or anything that might mean people can recognise me. | 🞏 |
| I have had the opportunity to ask questions about the study and I am happy with any answers I received. | 🞏 |
| I understand that I can choose to take part. I can change my mind, up to 2 weeks after the workshop, about my involvement with this research without giving a reason. I understand that I need to contact Joe to do this. | 🞏 |
| I understand that a photograph will be taken of a reflection card I will create during the workshop (but not of me). *(+ for Chapelfm workshop: and that a discussion will be recorded but not released online).* | 🞏 |
| I agree to take part in the workshop. | 🞏 |

**I agree for information collected about me (as described on the information sheet) during this workshop to be used for Joe’s dissertation research. I understand that it will be kept securely on a password protected computer, cloud storage (e.g. OneDrive), or stored securely in a locked cabinet. I am happy for my information to be used in this way.**

🞏

**Please sign below:**

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Name of Young Person Signature Date