

CONSENT FORM OF PARTICIPANT

Degree Programme: PhD

MPhil

Candidate's contact details

Mobile number:

Email address:

Name of Internal Supervisor:

Contact details of Internal Supervisor:

Name of External Supervisor:

Contact details of External Supervisor;

Research/Study Title:

Purpose of Study: [Explain in about 100 words]

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		<i>Please check (X) each box</i>
1	I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
2	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences or penalty.	<input type="checkbox"/>
3	I understand that research data collected during the study may be looked at by authorised people outside the research team. I give permission for these individuals to access my data.	<input type="checkbox"/>

4	I understand that this project has been reviewed by, and received ethics clearance through, the Research Ethics Committee for the Research in Faculty of Graduate studies of University of the Visual and Performing Arts of University of the Visual and Performing Arts.	<input type="checkbox"/>
5	I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	<input type="checkbox"/>
6	I understand how this research will be written up and published.	<input type="checkbox"/>
7	I understand how to raise a concern or make a complaint.	<input type="checkbox"/>
8	<i>[If applicable] I consent to being audio recorded</i>	<input type="checkbox"/>
9	<i>[If applicable] I consent to being video recorded</i>	<input type="checkbox"/>
10	<i>[If applicable] I consent to having my photo taken</i>	<input type="checkbox"/>
11	<i>[If applicable] I understand how audio recordings / videos / photos will be used in research outputs [please delete as appropriate]</i>	<input type="checkbox"/>
12a	<i>[if applicable] I agree to the use of direct quotes, attributed to my name, in research outputs OR</i>	<input type="checkbox"/>
12 b	<i>[if applicable] I agree to the use of pseudonymised quotes in research outputs OR</i>	<input type="checkbox"/>
12 c	<i>[if applicable] I agree to the use of anonymised quotes in research outputs OR</i>	<input type="checkbox"/>
12d	<i>[if applicable] I do not wish to be directly quoted</i>	<input type="checkbox"/>
13	I agree to take part in the study	<input type="checkbox"/>
Optional:	I agree for research data collected in this study to be given to researchers, including those working outside of Sri Lanka, to be used in other research studies. I understand that any data that leave the research group will be anonymised so that I cannot be identified.	<input type="checkbox"/>
Optional:	I agree that my personal contact details can be retained in a secure database so that the researchers can contact me about future studies.	<input type="checkbox"/>

Name of Participant

dd / mm / yyyy
Date

Signature

If the participant is under 18 years of age, a parent/ legal guardian should provide consent on his/her behalf.

Name of the parent/guardian

dd / mm / yyyy
Date

Signature

Name of person taking consent

dd / mm / yyyy
Date

Signature