# **Appendix B: Research Participant Information Sheet Template**

**Information Sheet For** [*Insert Title of Research Project*]

**Introduction**

The purpose of this form is to provide you with information, so you can decide whether to participate in this study. Any questions you may have will be answered by the researcher or by the other contact persons provided below. Once you are familiar with the information on this sheet and have asked any questions you may have, you can decide whether or not to participate. If you agree, you will be asked to fill in the consent form for this study or record your consent verbally.

|  |  |
| --- | --- |
| **Research title:** | [Include both the official an alternative title if the official title of your thesis or project would be difficult for research participants to understand] |
| **Name and contact details of researcher** | [Give the name and work contact details of the person (usually the researcher) who is responsible for the project] |
| **Name and contact details of Principal Investigator** | [Give the name and work contact details of the principal investigator of the research project if applicable] |
| **What type of research project is this?** | [e.g. PhD Research, Funded Research Project, Non-Funded Research Project] |
| **Who is funding this research project?** | [Include the funders of the project, and any interest which they may have in the research or control over use of the research e.g. requirements for data sharing] |
| **Who else is involved with the research project?** | [Include any other organisations (e.g. other HE institutions) which are involved with SOAS in delivering the project, and what involvement they may have with access, analysis and holding of data] |
| **What is the research project’s purposes?** | [Describe background, aims and duration of the project in as clear a language as possible and simple enough to be understood by research participants] |
| **Why have I been chosen?** | [Describe why you have chosen the research participant for your research project and data collection and who how many other participants will be involved] |
| **Do I have to take part?** | [Explain that taking part in the research project is entirely voluntary and that the participant can discontinue participation at any time] |
| **What will happen to me if I take part?** | [Describe the procedures involved with the research project e.g. how long the research will last and how long the participant’s contribution will last. Describe the methods of data collection e.g. interviews; surveys; who will collect the data. Your research methods should be set out as simply as possible] |
| **Will I be recorded and how will the recordings be used?** | [Explain the recording method you will use e.g. video or audio, whether the recordings will only be used for analysis, whether recordings will be transcribed and how, who else will have access to the recordings] |
| **Risks and Benefits of participation** | [Explain any benefits for the participant in being involved in the research and also any risks, inconvenience or distress that could be caused by participation. State clearly if there are no intended benefits to the participants from taking part] |
| **What if Something Goes Wrong?** | [Inform participants how complaints will be handled should they arise or if something serious occurs during or following participation in the project] |
| **Will I be recorded and how will the recordings be used?** | [Explain the recording method you will use e.g. video or audio, whether the recordings will only be used for analysis, whether recordings will be transcribed and how] |
| **Where will information I provide be transferred to?** | [Indicate any specific countries to which the data may be transferred, including the UK if the data is gathered outside the UK.] |
| **How will information I provide be kept secure?** | [Describe in a general way any special security measures which will be put in place to protect research participants’ data during the life of the project e.g., secure storage, backup procedures password protection] |
| **Will I be kept anonymous in this research project?** | [Data Protection legislation has the expectation of ‘privacy by design’. If participants can be anonymised this should be done, and you should describe the steps which will be taken to remove identifying information from your data set and publications. If it is not possible to fully anonymise someone’s identity you should state it here and on your Consent Form] |
| **What will happen to the results of this research project?** | [Describe how the data and the research results will be published, including whether research participants will be anonymized in the published information and where this published information will be available e.g. included in your PhD theses which will be made Open Access via the internet. Include plans or requirements to archive research data e.g. in data archives] |
|  |  |

**Data Protection Privacy Notice**

The data controller for this project will be SOAS University of London. The SOAS Data Protection Officer provides oversight of SOAS activities involving the processing of personal data and can be contacted at [dataprotection@soas.ac.uk](mailto:dataprotection@soas.ac.uk)

Your personal data will be processed for the purposes outlined in this Information Sheet. The legal basis that would be used to process your personal data under data protection legislation is the performance of a task in the public interest or in our official authority as a controller. However. for ethical reasons we need your consent to take part in this research project. You can provide your consent for the use of your personal data in this project by completing the consent form that has been provided for you or via audio recording of the information sheet and consent form content.

**Your Rights**

You have the right to request access under the General Data Protection Regulation (GDPR) to the information which SOAS holds about you.  Further information about your rights under the Regulation and how SOAS handles personal data is available on the Data Protection pages of the SOAS website (<http://www.soas.ac.uk/infocomp/dpa/index.html>), and by contacting the Information Compliance Manager at the following address: Information Compliance Manager, SOAS, Thornhaugh Street, Russell Square, London WC1H 0XG, United Kingdom (e-mail to: [dataprotection@soas.ac.uk](mailto:dataprotection@soas.ac.uk)).

If you are concerned about how your personal data is being processed, please contact SOAS In the first instance at [dataprotection@soas.ac.uk](mailto:dataprotection@soas.ac.uk)  If you remain unsatisfied, you may wish to contact the Information Commissioner’s Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at:<https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>

**Copyright Notice**

The consent form asks you to waive copyright so that SOAS and the researcher can edit, quote, disseminate, publish (by whatever means) your contribution to this research project in the manner described to you by the researcher during the consent process.

**Contact for Further Information**

[*Give a point of contact for further information (both during and after fieldwork if they are different. This could be your name, address, email or telephone or that of another researcher on the project*]

**Thank you for reading this information sheet and for considering taking part in this research study.**

# **Appendix C: Research Participant Consent Form Template**

**Consent Form for [*Insert Title of Research Project*]**

**Please complete this form after you have read the Information Sheet and/or listened to an equivalent explanation about the research**

**Project Title: [*Insert title in same form used on your information sheet]***

**Researcher Name: [*Insert name of researcher undertaking the research*]**

|  |  |  |
| --- | --- | --- |
| **Please tick the appropriate boxes** | **Yes** | **No** |
| I have read and understood the project information sheet dated DD/MM/YYYY, or it has been read to me. |  |  |
| I have been able to ask questions about the project |  |  |
| I understand that potential risks of participating in this research include *[insert risks you have detailed on the information sheet] OR [delete if there are none*] |  |  |
| I agree to take part in the project and understand that taking part involves [*insert a few words about how you will do data collection with the research participant, using the same terms as you did on the information sheet*] |  |  |
| I agree that my interview is recorded [*using audio or video*] |  |  |
| I understand that I can refuse to answer questions |  |  |
| I understand that my taking part is voluntary; I can withdraw from the study at any time by notifying the researcher/s involved and I do not have to give any reasons for why I no longer want to take part |  |  |
| I understand that my withdrawal or refusal to take part will not affect my relationship with [*insert name of organisation, school, university etc] OR [delete this entry if there is no organization involved with the research or research participant*] |  |  |
| I understand that that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the research team |  |  |
| I understand information I provide will be stored securely by *[insert how you will protect research participants information*] |  |  |
| I understand that the information I provided will be used for *[insert what you will use the participants contribution for and where e.g. PhD thesis. publications, reports, web pages, archiving and other research outputs*] and made available [*insert how items will be published e.g. on SOAS Research Online, online through publisher websites*] **\*If you are a doctoral researcher or your research is externally funded please read notes below** |  |  |
| I would like to be named in publications, reports, web pages, and other research outputs [*delete this if you intend to anonymise all research participants in your outputs*] |  |  |
| I would NOT like to be named in publications, reports, web pages, and other research outputs [*delete this entry if you intend to anonymise all research participants in your outputs*] |  |  |
| I understand that my information will be anonymised so that I cannot be identified in [*insert what you will use the participants contribution for and where e.g. publications, reports, web pages, and other research outputs OR delete this entry if you will give research participants a choice about identification*] |  |  |
| I agree to waive copyright and other intellectual property rights in the material I contribute to the project |  |  |

**Contact Information**

Telephone No: [*include a UK mobile number and the local phone number you will use or set up*]

Email Address:

Postal Address:

Alternative contact: [*include your supervisor’s name and contact details or other colleagues on your research project*]

**Research Participant Declaration**

|  |  |  |
| --- | --- | --- |
| Name of Participant [printed] | Signature | Date |
| I have accurately read out the information sheet to the potential participant and to the best of my ability, ensured that that participant understands what they are freely consenting. | | |
| Name of Researcher [printed] | Signature | Date |

|  |
| --- |
| **SOAS Consent Form Adapted From UK Data Archives Model Consent Form and licensed under the** [**Creative Commons Attribution-Non-Commercial-Share-Alike 4.0 International Licence**](https://creativecommons.org/licenses/by-nc-sa/4.0/) |

**Please ensure a copy of this document is retained safely for future reference.**