

PARTICIPANT CONSENT FORM

STORIES FROM HELL'S KITCHEN THE ORAL HISTORY OF AN ICONIC NEW YORK NEIGHBOURHOOD

Please answer the following questions by ticking the response that applies

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I have read the Information Sheet for this study and have had details of the study explained to me. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree to anonymity being waived so that findings from study may be disseminated as set out in the Information Sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I consent to the information collected for the purposes of this research study as detailed in the Information Sheet to be used for any other research purposes. | <input type="checkbox"/> | <input type="checkbox"/> |

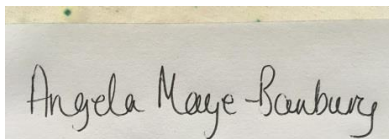
Participant's Signature: _____ Date: _____

Participant's Name (Printed): _____

Contact details: _____

Researcher's Name (Printed): DR ANGELA MAYE-BANBURY

Researcher's Signature:



Researcher's contact details:

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Please keep your copy of the consent form and the information sheet together.

SAMPLE