

**Consent Form**

Title of Project: Women in Corporate Law

Name of Researcher: Beth Devlin

Name of Supervisor: Dr Catriona Cannon

**Please tick as appropriate**

Yes [ ]  No [ ]  Iconfirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

Yes [ ]  No [ ]  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

Yes [ ]  No [ ]  I consent to interviews being audio-recorded

Yes [ ]  No [ ]  I acknowledge that copies of transcripts will be returned to participants for verification.

Yes [ ]  No [ ]  I acknowledge that participants will be referred to by pseudonym.

Yes [ ]  No [ ]  I acknowledge that there is a risk to anonymity due to the size and geographical scope of the study

**I agree that:**

Yes [ ]  No [ ]  All names and other material likely to identify individuals will be anonymised.

Yes [ ]  No [ ]  The material will be treated as confidential and kept in secure storage at all times.

Yes [ ]  No [ ]  The material will be retained in secure storage for use in future academic research

Yes [ ]  No [ ]  The material may be used in future publications, both print and online.

Yes [ ]  No [ ]  I waive my copyright to any data collected as part of this project.

Yes [ ]  No [ ]  Other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.

Yes [ ]  No [ ]  Other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form

Yes [ ]  No [ ]  I acknowledge the provision of a Privacy Notice in relation to this research project.

I agree to take part in this research study [ ]

I do not agree to take part in this research study [ ]

Name of Participant ………………………… Signature …………………………………………

Date ……………………………………

Name of Researcher ……………………………………Signature ………………………………………

Date ……………………………………