# H:\My Documents\2014\College of Social Sciences_colour.pngConsent Form

**Relationship Experiences of Women with Disabilities in Georgia** (Working title)

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* Iconfirm that I have read and understood the Plain Language Statement for the above study and have had the opportunity to ask questions.
* I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
* I consent to interviews being audio-recorded.
* I acknowledge that participants will be referred to by pseudonym in any publications based on this data.
* All names and other material likely to identify individuals will be anonymised.
* The material will be treated as confidential and kept in secure storage at all times.
* The material will be retained in secure storage for use in future academic research
* The material, including the diagram (if any) may be used in future publications, both print and online.

I agree to take part in this research study

I agree to take part in this research study without creating the diagram

I do not agree to take part in this research study

Name of Participant …………………………………………

Signature ……………………………………………………..

Date ……………………………………

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

Signature ……………………………………………………..

Date ……………………………………