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| Centre Number: |  | | | | |
| Project Number: |  | | | | |
| Participant Identification Number for this study: | | | |  | |
| **Title of Project:** | | Assessing the feasibility of a new online learning resource to support academic staff supervising postgraduate research students with a mental health difficulty | | | |
| **Name of Researcher(s):** | | | Anna Quinn, Dr Breda Cullen, and Dr Samantha Oakley | | |
| ***Further details of this project can be found on the information sheet.***  ***Please read all points below and put your initials in each box to indicate your consent for each item listed. Please sign and date at the bottom if you are happy to give your consent to take part in this project.*** | | | | | |
| **PARTICIPANT CONSENT FORM version 2**  **05/03/2021** | | | | | Please initial box |
| I confirm that I have read and understood the Participant Information Sheet version 2 dated 05/03/2021 | | | | |  |
| I confirm that I have read and understood the Privacy Notice version 2 dated 05/03/2021 | | | | |  |
| I have had the opportunity to think about the information and ask questions, and understand the answers I have been given. | | | | |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. | | | | |  |
| I confirm that I agree to the way my data will be collected and processed and that data will be stored for up to 10 years in University archiving facilities in accordance with relevant Data Protection policies and regulations. | | | | |  |
| I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers. | | | | |  |
| I agree that my name, contact details and data described in the information sheet will be kept for the purposes of this research project. | | | | |  |
| I understand that if I withdraw from the study, my data collected up to that point, unless requested otherwise, will be retained and used for the remainder of the study. | | | | |  |

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| I agree to the focus group I am involved in being audio and video recorded. |  |
| I understand that the recorded focus group will be transcribed word for word and the recording will then be deleted at the end of the project. |  |
| I understand that the things that I say in the focus groups may be quoted in reports and articles that are published about the study, but my name or anything else that could tell people who I am will not be revealed. |  |
| I consent to my data being used in future studies by our team and/or other researchers working in this field |  |
| I agree to the focus group ground rules that must be adhered to and acknowledge the facilitator may interject should these rules be breached. These include; respecting each other, not discussing supervisees in an identifiable way and not sharing anything discussed out with the focus group. |  |
| I understand that I can withdraw my consent at any time, and can request that data within the transcripts pertaining to my responses are destroyed, by contacting  Anna Quinn- [2509925q@student.gla.ac.uk](mailto:2509925q@student.gla.ac.uk)  Dr Breda Cullen- breda.cullen@glasgow.ac.uk |  |
| **I agree to take part in the study.** |  |

#### Name of participant Date Signature

#### Researcher Date Signature

(1 copy for participant; 1 copy for researcher)

Thank you for taking the time to read this consent form.