

**Consent Form – Experience Interviews**

**Title of Project: Ethical Blindness in Everyday Business Decisions**

**Name of Researcher: Corinne Fenech**

**Name of Supervisor: Dr Thomas Anker and Professor Sabina Siebert**

Iconfirm that I have read and understood the Participant Information Sheet 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 acknowledge that participants will be referred to by pseudonym.

* All names and other material likely to identify individuals will be pseudonymised.
* 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 may be used in future publications, both print and online.
* I agree to waive my copyright to any data collected as part of this project.
* I understand that 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.
* I understand that 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

I acknowledge the provision of a Privacy Notice in relation to this research project.

I give my consent for:

|  |  |
| --- | --- |
| Video and Audio Recording | [ ]  |
| Audio Recording | [ ]  |

If neither video nor audio recording is being consented to, do you request to be provided with the notes taken during our meeting before these are admitted as part of research input? Yes / No

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

Following the publication of the final thesis, I would like to be kept informed about the outcome of this research. This can be done on my email address:

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

Date ……………………………………

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

Date ……………………………………