PARTICIPANT CONSENT FORM

To be completed by the participant. If the participant is under 16, to be completed by the parent / guardian / person acting *in loco parentis*.

- I have read the information sheet about this study
- I have had an opportunity to ask questions and discuss this study
- I have received satisfactory answers to all my questions
- I have received enough information about this study
- I understand that I am / the participant is free to withdraw from this study:
    - At any time (until such date as this will no longer be possible, which I have been told)
    - Without giving a reason for withdrawing
    - (If I am / the participant is, or intends to become, a student at the University of Greenwich) without affecting my / the participant's future with the University
- I understand that my research data may be used for a further project in anonymous form, but I am able to opt out of this if I so wish, by ticking here. ☐
- I agree to take part in this study

Signed (participant)	Date
Name in block letters	
Signed (parent / guardian / other) (if under 16)	Date
Name in block letters	
Signature of researcher	Date

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