# Participant Consent Form

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| **CMU Ethics Reference Number** |  |
| **Participant name or Study ID Number** |  |
| **Title of Project** | Should legislation be introduced to encourage access for the disabled within the historic town of St. Peter Port |
| **Name of Researcher** | Guernsey Disability Alliance: Ms Karen Blanchford  Cardiff Metropolitan University: Tiffany Jordan / Dr John Littlewood |

Please complete this section before the monitoring commences



**Please write your initials in each box and sign and date the declaration below:**

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| --- | --- | --- | --- |
| 1. | I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | |  |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. | |  |
| 3. | I agree to take part in the above study. | |  |
| 6. | I agree to the use of anonymised quotes in publications including an undergraduate dissertation. | |  |
| To be withheld by the organization of which I am a member.  Name of participant | |  | |
|  | |  | |
| Signature of participant | | Date | |
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