# FORM OF CONSENT (to be adapted to each research project)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , consent to take part to the research project entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, carried out by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose email is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and whose phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By signing this form, I acknowledge that:

1. I voluntarily take part to this project.
2. The researcher has informed me in writing of the goals of the research project, its development, and of its possible advantages and downsides.
3. I will be given no payment for taking part to the research project.
4. I can refuse to answer certain questions.
5. The interview will be digitally recorded. I can ask the recording to be stopped at any time, be it temporarily or for good.
6. This recording and the corresponding transcript will be kept under lock and key in ’s office. The access will be restricted to and the data will be destroyed within .
7. Quotations from the interview can be used in later written publications and oral presentations resulting from this project. Still, my identity, my function, or any other information that can help identifying me will be kept secret at all time. I will simply be presented as a .
8. A copy of the final report will be sent to me at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_
9. I can, at any moment, take back my consent without reasons and without being penalised.
10. I do not abjure any of my legal rights.

Done in duplicate.

|  |  |
| --- | --- |
| Name of the participant | Signature of the participant |
| Name of the researcher | Signature of the researcher |