

Participant Consent Form

Title of Research Project: **POLITICS, PROGRESS AND PLACE OF ELITE BLACK AFRICAN WOMEN IN KENYAN EXTRACTIVES**

Name of Researcher: NEREA AMISI OKONG'O

Participant Identification Number for this project:

Please initial box

- | | |
|---|---|
| <p>1. I confirm that I have been informed about the research in detail and that I understand the Research information sheet datedexplaining the above research project and I have had the opportunity to ask questions about the project.</p> | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| <p>2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline ANYTIME BY CONTACTING THE RESEARCHER ON naokongo1@sheffield.ac.uk or [REDACTED]</p> | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| <p>3. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.</p> | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| <p>4. I agree for the anonymised data collected from me to be used in future research</p> | <input style="width: 40px; height: 30px;" type="checkbox"/> |
| <p>5. I agree to take part in the above research project.</p> | <input style="width: 40px; height: 30px;" type="checkbox"/> |

Name of Participant
(or legal representative)

Date

Signature

Name of person taking consent
(if different from lead researcher)

To be signed and dated in presence of the participant

Date Signature

Lead Researcher

Date

Signature

To be signed and dated in presence of the participant

Copies: