**Kathryn Aston (Doctorate in Education, University of Sheffield)**

**Participant Consent Form**

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| ***Title of Project:*** *Exploring barriers to critical thinking with students of English for Academic Purposes, using the topic of climate change.*  ***Name of Researcher:*** *Kathryn Aston*  ***Please initial box***     1. *I confirm that* ***I have read and understand the information sheet*** *dated ….. 2019 for the above project and have had the opportunity to ask questions.*      1. *I understand that* ***my participation is voluntary*** *and that I am free to withdraw at any time without giving any reason, by contacting Kathy Aston at k.j.aston@sheffield.ac.uk.*      1. *I understand that video and audio recordings will be made of workshops, focus*   *groups and interviews, and that these recordings will be kept confidential.*  ***I give permission for the researcher to record me*** *if I take part in these activities and to use the recordings.*   1. *I understand that anything I say or write in the workshops, interviews, on-line tasks or online discussion forums will be anonymised for the analysis****. I give permission for the researcher to have access to my anonymised responses******and to use them*** *for this research project and the resulting thesis.* 2. *I understand that data from this research project from workshops, on-line tasks or online discussion forums may be used in* ***publications or conferences*** *in the future. I give permission for the researcher to use the data for this purpose.*      1. *I agree to the researcher* ***collecting and keeping my university email address***   *until 31st December 2019, after which it will be deleted from her records.*     1. ***I agree to take part*** *in the above research project.*     *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name of Participant Date Signature*  *IN BLOCK CAPITALS*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name of researcher Date Signature*  *To be signed and dated in presence of the participant*    *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project’s main record (e.g. a site file), which must be kept in a secure location.* |