

**CONSENT TO HAVE RESEARCH INTERVIEW AUDIO OR VISUALLY RECORDED**

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| **Title of Study:**  **Principal Researcher’s Name:** |

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| I have agreed to take part in a research interview. I have agreed to allow an audio or visual recording of this interview to be made for subsequent transcription and analysis.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Participant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Participant Date  **Signature of the investigator**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Investigator Date |
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