

**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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