



Participant Consent Form

Project: Digital Lens Research

Please read the following statements and initial each box to confirm your agreement:

I confirm that I have read the participant information sheet dated (20/04/2022) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I am aware that my responses will be anonymised and an anonymous pooled data set will be created and will be used within a project report and may feature in other academic outputs such as, conference presentations and professional journal publications.	
I am aware that my participation is voluntary, and I have the right to withdraw before the final data collection visit takes place. However, information that has been submitted before withdrawal may already be anonymised and it will not be possible to remove it.	
I am aware I do not have to provide any reason for withdrawing from the study.	
I understand that I will have to attend five (5) separate data collections sessions over a 16-week period, if I take part in the above study	
I agree to take part in the above study.	

If you have read and understood this consent form and agree to participate in this research, please sign below,

Name of Participant:

Signed:

Date:

Name of Researcher:

Signed:

Date: