

Consent form for UK veterans

Participant Identification Number for this study: ... (to be completed by interviewer)

Title of Project: UK Veterans from Ethnic Minority Backgrounds

Name of Researcher(s): Gaby Atfield, Beate Baldauf, Dr Emily Erickson, Andreana Glendinning – Institute for Employment Research, University of Warwick; Dr Sally-Anne Barnes – University of Leicester

Please initial all boxes

1.	I confirm that I have read and understand the information sheet (version 3, 20/07/2022) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw up to two weeks after my interview without giving any reason.	
3.	I understand that interview data collected during the study, may be looked at by individuals from The University of Warwick, from regulatory authorities, where it is relevant to my taking part in this study. I give permission for these individuals to have access to my data.	
4.	The procedures regarding confidentiality and GDPR compliance (e.g. the pseudonymisation of data, etc.) have been clearly explained to me.	
5.	I agree to pseudonymised verbatim quotes from the interview to be used in any reports or publications arising from the research and understand that best endeavours will be made to ensure that data in such publications are pseudonymised.	
6.	The archiving of data has been explained to me. I understand that my data will be securely stored for 10 years, reviewed and destroyed if it no longer needs to be kept, in line with the University of Warwick's Research Data Management Policy.	
7.	I agree to allow the interview to be audio recorded for the purposes of this research only and kept until the end of the project, 01/04/2023.	
7a	If the interview is held using MS Teams, I understand that I have the option to turn the camera off.	
8.	I agree that my data can be used in future research.	
9.	I agree to take part in the above study.	
10.	Comments	

Name of Participant

Date

Signature

Name of Person
taking consent

Date

Signature