

School of Social Work, Fredericton, NB CANADA E3B 5G3

|  |  |
| --- | --- |
| **CODE:** | Initial to indicate agreement |
| I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction. |  |
| I agree to the interviews for the purposes of the research described in the information sheet. |  |
| I understand that I do not have to answer a question if I do not want to and can stop the interview at any time. |  |
| I agree to the interviews being audio/video recorded *(delete as appropriate).* |  |
| I understand that participation is voluntary and that I may withdraw from the research at any time up until the final report. If I choose to withdraw all information (audio, video, text and personal information) will be destroyed. |  |

**The experience of transableism**

**INTERVIEW CONSENT FORM**

Agreement:

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (please print) Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date



School of Social Work, Fredericton, NB CANADA E3B 5G3

**USE OF AUDIO/VIDEO RECORDINGS**

**CONSENT FORM**

|  |  |
| --- | --- |
| **CODE:** | Initial to indicate agreement |
| I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction. |  |
| I agree to the audio/video recording *(delete as appropriate)* being used for the following purposes (please initial those to which you agree): |  |
| conference presentations, |  |
| educational purpose (eg teaching, seminars, training)s, |  |
| academic publications |  |
| interim and final reports on the website |  |
| I understand that I do not have to answer a question if I do not want to and can stop the interview at any time. |  |
| I agree to the interview being audio/video recorded *(delete as appropriate).* |  |
| I understand that participation is voluntary and that I may withdraw my consent for the use of audio-video recordings at any time before or after the completion of the research project. If I choose to withdraw all information (audio, video, text and personal information) will be destroyed. |  |

Agreement:

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (please print) Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date



School of Social Work, Fredericton, NB CANADA E3B 5G3

**RESEARCH VISIT/OBSERVATION**

**CONSENT FORM**

|  |  |
| --- | --- |
| **CODE:** | Initial to indicate agreement |
| I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction. |  |
| I agree to the research visit and to allow the researcher to discuss and observe my activities during that time. |  |
| I understand that I can limit access to the areas of my life that can be observed and that I can stop the research visit at any time. |  |
| I agree to conversations and activities during the visit being audio/video recorded *(delete as appropriate).* |  |
| I understand that participation is voluntary and that I may withdraw my consent for a visit/observation at any time before or after the completion of the research project. If I choose to withdraw, all information (audio, video, text and personal information) will be destroyed. |  |

Agreement:

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (please print) Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date