



OTHERKIN, THERIANTHROPES, VAMPIRES, FURRIES AND BRONIES

INTERVIEW CONSENT FORM

CODE:

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 submission for publication. If I choose to withdraw all information (audio, video, text and personal information) will be destroyed.

I understand that confidentiality cannot be guaranteed if I disclose during the interview any previously unknown or future illegal activities and/or express a desire to harm myself or others.

I would/would not (*delete as appropriate*) like to receive a summary of the research findings

Initial to indicate agreement

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

I am over the age of 18.

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date



FURRIES, BRONIES, OTHERKIN, AND THERIANTHROPE 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:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

Name of Participant (please print) Signature of Participant Date

Signature of Investigator Date