Adapting offices to support COVID-19 secure workplaces and emerging work patterns**:**

Scenarios Workshop Consent Form

**Please type X next to each statement if you agree**

|  |  |
| --- | --- |
| I confirm that I have read and understand the Participant Information Sheet explaining the above research project and I have had the opportunity to ask questions about the project. |  |
| I understand that my participation is voluntary and that I am free to withdraw at any time during the course of the workshop. Should I not wish to answer any particular question or questions, I am free to decline.  I understand that as data is collected in a group setting, it is not possible to remove data at a later stage as it will have been combined with the responses of others in the group. |  |
| I agree to respect the anonymity of others in the group and not to identify individuals’ responses or repeat what they said outside of the workshop. |  |
| I give permission for the workshop to be recorded, transcribed and for members of the research team to have access to my responses. |  |
| I understand that I will not be named in the reports or publications that result from the research and that direct quotations may be used but will be anonymised. |  |
| I agree for the data collected from me to be stored and used in relevant future research in an anonymised form and to be uploaded to a data repository (Research Data Leeds). |  |
| I understand that other researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the anonymity of the information as requested in this form. |  |
| I agree for my contact details to be used during the project to send me copies of findings |  |
| I agree to take part in this research. |  |

|  |  |
| --- | --- |
| Name of Participant |  |
| Participant’s signature  [Typed or electronic] |  |
| Date |  |
| Name of Researcher |  |
| Signature |  |
| Date |  |