**trinity college dublin**

**sCHOOL OF LINGUISTIC SPEECH AND COMMUNICATION SCIENCES**

**Consent Form**

**“The Lived Experiences of Adults with Developmental Language Disorder”.**

**Participant code for study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **There are 10 sections in this form.** **Each section has a statement and asks you to initial if you agree. The end of this form is for the researchers to complete.** **Please ask any questions you may have when reading each of the statements.** **Thank you for participating.** **Please tick the box if you agree with the statement. Please feel free to ask questions if there is something you do not understand.** |
| **General**  | **Tick box** |
| I confirm I have read and understood the **Information Leaflet** for the above study.The information has been fully explained to me.I have been able to ask questions, and they have been answered to my liking. |  |
| I understand that this study **is entirely voluntary,** **and if I decide that I do not want to take part, I can stop taking part in this study at any time without giving a reason**. I understand that deciding not to take part will not affect me if I need to attend a speech and language therapist now or ever in the future. |  |
| I understand that all information will be kept private and confidential and that my name will be changed so other people will not know who I am. |  |
| I understand that I **will not be paid for taking part in this study.** |  |
| I know how to contact Rebecca Carey (the primary researcher) if I need to.  |  |
| I agree to take part in this research study having because I understand the **risks and benefits.**The risks and benefits are available to me in the information leaflet that was given to me. |  |
| I agree to being contacted by researchers by email as part of this research study. |  |

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| **Data processing**  | **Tick box** |
| I understand that personal information about me, will be protected under GDPR (General Data Protection Regulation).  |  |
| I understand that there are **no direct benefits to me** from participating in this study.I understand that **results from analysis of my personal information will not be given to me.** |  |
| I understand that **I can stop taking part in this study** at any time without giving a reason and this will not affect me if I need to attend a speech and language therapist now or in the future. |  |

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| **Signatures** |

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Participant Name (Block Capitals) Participant Signature Date

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Witness Name (Block Capitals) Witness Signature Date

**To be completed by the Principal Investigator or nominee.**

I, the undersigned, have taken the time to fully explain to the above patient the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team

Researcher name

Title and qualifications

Signature

Date

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**2 OR 3 copies to be made: 1 for participant, 1 for PI and 1 for clinical records if relevant.**