

**Consent Form**

**Title of Project:** Whose Crisis? The Global Covid 19 Pandemic from the Perspective of Communities in Africa

**Name of Researchers:** Dr Mia Perry, Prof Jude Robinson, Prof Jo Sharp, Dr Zoe Strachan, Prof Sola Ajaayi; Prof Nicol Keith and Vanessa Duclos

**Participation to the research**

Iconfirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time during the fieldwork, between January and June 2021, without giving any reason.

I acknowledge that participants will be referred to by pseudonym in any publications or outputs arising from the research, unless a participant requests for their name to be used.

**Data usage, storage, sharing and future use**

I understand that:

* All names and other material likely to identify individuals will be anonymised unless a participant explicitly consents for their name or image to be used.
* The material will be treated as confidential and kept in secure storage at all times.
* The material will be retained in secure storage for use in future academic research.
* The material may be used in future publications, both print and online.
* I agree to waive my copyright to any data collected as part of this project.
* I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.
* I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.

**Privacy Notice**

I acknowledge the provision of a Privacy Notice in relation to this research project.

**Consent on method**

I consent to my participation being audio and video recorded. [ ]

I do not consent to my participation being audio and video recorded. [ ]

**Agreement**

I agree to take part in this research study [ ]

I do not agree to take part in this research study [ ]

I wish to remain anonymous in this research study [ ]

I wish for my name to be used in certain instances in this research with my explicit approval in advance [ ]

I wish for my image to be used in certain instances in this research with my explicit approval in advance [ ]

Name of Participant ………………………… Signature …………………………………………

Date ……………………………………

Name of Researcher ……………………………………Signature ………………………………………

Date ……………………………………