



Thriving Places - Evaluation

Consent Form

Title of Project:

Thriving Places Evaluation

Name of Lead Officer:

Brian McQuillan, Locality Planning Officer

Please tick as appropriate

Yes ☐ No ☐ I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.

Yes ☐ No ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I agree that:

Yes ☐ No ☐ All names and other material likely to identify individuals will be anonymised.

Yes ☐ No ☐ The material will be treated as confidential and kept in secure storage at all times.

Yes ☐ No ☐ The material will be destroyed once the project is complete.

Yes ☐ No ☐ I waive my copyright to any data collected as part of this project.

I agree to take part in this evaluation ☐

I do not agree to take part in this evaluation ☐

Name of Participant **Signature**.....

Date

Name of Interviewer **Signature**.....

Date