**LINKS Informed Consent Form A**

**Consent for Participation in Interview/Survey**

I have read the foregoing Participant Information Sheet, or it has been read or explained to me, about the purposes of the LINKS project, funded by the European Commission (Horizon 2020, Grant No. 883490), that provides information on the project scope and objectives, what kind of questions they will ask me, on the confidentiality of my answers, and on the use and storage of the data.

I volunteer to participate in the research that is part of the project task [*add the task number and name*], led by [*add the name of the research task leader*]. I understand that the purpose of this interview/survey is to [*explain briefly the purpose of the activity*].

Thus,

* I voluntarily consent to be a participant in this study.
* I understand that I will not be paid for my participation.
* I understand that I am free to withdraw my participation at any time, without giving explanation, and without negative consequences.
* I understand that my participation will take approximately [*add time needed for the interview*], and that I will be interviewed by [*add the name of the researcher(s) that will do the interview*] from [*add the name of the institution of the researcher(s)*].
* I understand that the use of my name/real identity will not be used in the processed research data and results.
* I consent to having any information I provide to be processed and used:
	+ For research purposes.
	+ For dissemination or results (e.g. peer-reviewed papers, conferences).
	+ For project marketing (e.g. on social media).
* I consent to the researchers using automated systems of transcription for processing my interview [*only relevant if the researcher plans to use these services*].
* I have been provided with contact details so that I can reach the researchers at any time to ask questions about the use of the data and share any other enquiries.
* I have had the opportunity to ask questions about the project and any questions that I have asked have been answered to my satisfaction.
* I have received a copy of the Participant Information Sheet [*only if it has been provided to the participant in written form*].

[*Only for interviews*] Regarding the use of supporting technologies during the interview:

* I give my consent to having pictures taken during the interview and to having them used for the purposes of the project.
* I give my consent to having the audio of this interview recorded and used for the purposes of the project.
* I give my consent to having videos taken of this interview and to having them used for the purposes of the project. In this case, I understand that anonymity is not possible and I give my consent to sharing the videos for the purposes of the research project.

Print the full name of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print the full name of the lead researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

**If unable to read the form without aid:**

I have witnessed the accurate reading of the informed consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given their consent freely and has understood the purposes of the research, the use/storage of the data, and that he/she is free to withdraw from the research at any time.

Print the full name of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Signature of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

Statement by the person recording consent:

I have accurately provided and read out the Participant Information Sheet to the potential participant, and to the best of my ability have made sure that the participant understands that the following will be done: [*description of the activity*].

I confirm that the participant was given an opportunity to ask questions about the study, and that all the questions asked by the participant have been answered honestly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and that the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Print the full name of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature the of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

**LINKS Informed Consent Form B**

**Consent for Participation in LINKS Community Workshop (LCW)**

I have read the foregoing Participant Information Sheet, or it has been read or explained to me, about the purposes of the LINKS project, funded by the European Commission (Horizon 2020, Grant No. 883490), that provides information on the project scope and objectives, and the format and purpose of the LINKS Community Workshop (LCW). I received information on the plan of the LCW and on the activities I will be asked to participate in.

I volunteer to participate in the research that is part of the project task [*add the task number and name*], led by [*add the name of the scientific task leader*]. I understand that the purpose of this LCW is to [*explain briefly the purpose of the workshop*].

Thus,

* I voluntarily consent to be a participant in this study.
* I understand that I will not be paid for my participation.
* I understand that I am free to withdraw my participation at any time, without giving explanation, and without negative consequences.
* I understand that the LCW will be held for approximately [*add the duration of the workshop*], and that the LCW will be led by [*add the name of the researcher(s) that will lead the workshop*] from [*add the name of the institution of the researcher(s)*].
* I consent to having any information I provide to be processed and used:
	+ For research purposes.
	+ For dissemination or results (e.g. peer-reviewed papers, conferences).
	+ For project marketing (e.g. on social media).
* I consent to having the researchers use automated systems of transcription for processing my information [*only relevant if the researcher plans to use these services*].
* I have been provided contact details so that I can reach the researchers at any time to ask questions about the use of the data and any other enquiries.
* I have had the opportunity to ask questions about the project and any questions I have asked have been answered to my satisfaction.
* I have received a copy of the Participant Information Sheet [*only if it has been provided to the participant in written form*].

 Regarding the use of supporting technologies during the LCW:

* I understand that pictures may be taken during the LCW and I give my consent to using/sharing them for the purposes of the project.
* I understand that audio may be recorded during the LCW and I give my consent to using/sharing it for the purposes of the project.
* I understand that videos may be taken during the LCW and I give my consent to using/sharing them for the purposes of the project.

Print the full name of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print the full name of the lead researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

If unable to read the form without aid:

I have witnessed the accurate reading of the informed consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given their consent freely and has understood the purposes of the research, the use/storage of the data, and that he/she is free to withdraw from the research at any time.

Print the full name of the witness \_\_\_\_\_\_\_\_\_\_\_\_

Signature the of witness \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

Statement by the researcher/person taking consent:

I have accurately provided and read out the Participant Information Sheet to the potential participant, and to the best of my ability have made sure that the participant understands that the following will be done:

Participation in a LINKS Community Workshop. The LCW results will be used for [*add information*].

I confirm that the participant was given an opportunity to ask questions about the study, and that all the questions asked by the participant have been answered honestly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and that the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Print the full name of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person recording the consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year