ARCHES CONSENT FORM

Name __________________________________________

Please circle your choice:

1. I want to take part in the project
   ✔️ YES ☒ NO

2. The project was explained to me
   ✔️ YES ☒ NO

3. I was informed that I can say I don’t want to participate at any point.
   ✔️ YES ☒ NO

4. All my information will be kept safe.
   ✔️ YES ☒ NO
5. I can be photographed and/or filmed

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

6. My ARCHES research can be used for education or research and publication

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

7. My picture can be used in Newspapers or on TV or on the INTERNET

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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(You can say NO at any time.)

I give permission to the Open University and Bath University to share and use my words and thoughts. This is my copyright. I agree to give my copyright to the Open University and Bath University. They will not use my copyright for profit.

Signed:                        Date:

Signature of Supporter
(if appropriate)

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