

INFORM CONSENT FORM

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated January 15, 2017.	x <input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and my participation.	x <input type="checkbox"/>
3.	I voluntarily agree to participate in the project.	x <input type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	x <input type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.	x <input type="checkbox"/>
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	x <input type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	x <input type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	x <input type="checkbox"/>
9.	Select only one of the following: <ul style="list-style-type: none"> I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised. I do not want my name used in this project. 	<input type="checkbox"/>
		x <input type="checkbox"/>
10.	I, along with the Researcher, agree to sign and date this informed consent form.	x <input type="checkbox"/>

Participant:

Tamer Karadağ _____
Name of Participant

Signature

January 15, 2017
Date

Researcher:

Gulgun Engin _____
Name of Researcher

Signature

January 15, 2017_
Date